

# BMC

Journal of the Canadian  
Health Libraries Association

## *Bibliotheca Medica Canadiana*

Le journal de l'Association des  
bibliothèques de la santé du Canada

### **Special Consumer Health Issue**

- Info Scripts : Gateways to Consumer Health Information
- Health Information for Rural Nova Scotia : The Western Health Information Project
- Evaluating Consumer Health Information on the Internet
- Women's Health Information on the Internet
- The Need for a National Network of Health Libraries in Canada
- Cyberpulse : Patient Handouts on the Internet

4 8 (D)

***Wilma P. Sweaney***

University of Saskatchewan  
Health Sciences Library  
Room B207, 107 Wiggins Road  
Saskatoon SK S7N 5E5

XXT100



Signed. Sealed. Delivered.



*Complete off-site check in  
for your subscriptions.*

For decades, Faxon Canada has been providing subscription management services – acquiring all the materials your library needs.

Now with OSCAR, our new Off-Site Check in And Routing service, we can help you more. We'll take care of all the processing, claiming and routing of your subscriptions. Finally you'll have time to do what's really important!

Total service. Total convenience.  
Surprisingly affordable.

***faxon***  
**c a n a d a**

A DAWSON COMPANY

Explore your options.

Contact us for more information.

Email: [oscar@faxon.ca](mailto:oscar@faxon.ca) • Tel: (800) 263-2966

# Table of Contents

Bibliotheca Medica Canadiana  
Volume 19 Number 4, Summer 1998

	Page
<b>Departments</b>	
Editor's Message <i>Laurie Blanchard</i> . . . . .	132
Correction to the Copyright Fact Sheet . . . . .	132
A Word from the President <i>Lois Wyndham</i> . . . . .	133
Un Mot de la présidente <i>Lois Wyndham</i> . . . . .	134
<b>Features</b>	
Info Scripts : Gateways to Consumer Health Information <i>Sheryl Farrar, Debbie Bang</i> . . . . .	135
Health Information for Rural Nova Scotia : the Western Health Information Project <i>Trudy Amirault, Jackie MacDonald</i> . . . . .	139
Separating the Wheat from the Chaff : Evaluating Consumer Health Information on the Internet <i>Susan Murray</i> . . . . .	142
Women's Health Information on the Internet : a New Direction for Consumer Health Information Services <i>Christine Marton</i> . . . . .	146
The Need for a National Network of Health Libraries in Canada <i>Joanne Marshall</i> . . . . .	150
<b>Program Descriptions</b>	
BC Cancer Agency Libraries/Cancer Information Centre : How to Develop and Manage a Website <i>David Noble</i> . . . . .	153
The Family Information Library : The Children's Hospital of Winnipeg <i>Liz Price</i> . . . . .	154
The Health Connection Resource Centre <i>Judy Kirton</i> . . . . .	156
The Health Line <i>Kevin Wilson</i> . . . . .	157
Information Services for Cancer Patients and Family Members in Alberta : A Collaborative Project Involving Volunteers, Nurses and Library Professionals <i>Linda Harris, Dean Giustini</i> . . . . .	158
Patient and Consumer Health Centre <i>Dixie Fulton Williamson</i> . . . . .	160
<b>Columns</b>	
Consuming Health Information <i>Susan Murray</i> Locating Consumer Health Information on the Internet . . . . .	162
Cyberpulse <i>Rita Vine</i> Patient Handouts on the Internet . . . . .	164
<b>Reviews</b>	
Alternative Medicine Resource Guide <i>reviewed by Vivian McCallum</i> . . . . .	166
Ethnic Minority Health <i>reviewed by Hoong Lim</i> . . . . .	166
Library Services in Mental Health Settings <i>reviewed by Karen Gagnon</i> . . . . .	167
<b>Reports</b>	
CHLA/ABSC/ABSC Task Force on Resource Sharing (RSTF2) <i>Anne Smithers</i> . . . . .	168
Groupe de Travail sur le Partage des Ressources II (RSFT2/GTPR2) <i>Carole Brault</i> . . . . .	169
Report of the 1998 Nominations Committee . . . . .	171
Rapport du Comité 1998 de sélection des candidatures . . . . .	172

## Table of Contents (cont'd)

	Page
<b>News and Notes</b>	
National Population Health Clearinghouse . . . . .	175
CHLA/ABSC Member Appointed to Library Association Fellowship . . . . .	176
Call For Papers : 23rd Annual CHLA/ABSC Conference, Halifax, 1999 . . . . .	177
Demande des communications : 23ième congrès annuel de ABSC/CHLA, Halifax, 1999 . . . . .	177
Call for Posters : 23rd Annual CHLA/ABSC Conference, Halifax, 1999 . . . . .	178
Demande d'affiches : 23ième congrès annuel de ABSC/CHLA, Halifax, 1999 . . . . .	178
CHLA/ABSC Website . . . . .	179
Library and Information Services in Health Service Guideline [HSG (97) 47] . . . . .	179
CBS Television's Chicago Hope Features MEDLINE Database . . . . .	179
CHLA/ABSC Code of Ethics Posters . . . . .	180
<b>CHLA/ABSC Board of Directors . . . . .</b>	<b>182</b>

## BIBLIOTHECA MEDICA CANADIANA

The *Bibliotheca Medica Canadiana* is a journal providing for increased communication among health libraries and health science librarians in Canada. A special commitment has been made to reach and assist the worker in the smaller, isolated health library.

The *Bibliotheca Medica Canadiana* is published quarterly by the Canadian Health Libraries Association. Opinions expressed herein are those of the contributors and the editor and not the CHLA/ABSC.



The *Bibliotheca Medica Canadiana* (BMC) a pour objet de permettre une meilleure communication entre toutes les bibliothèques médicales et entre tous les bibliothécaires qui travaillent dans le secteur des sciences de la santé. Nous nous engageons tout particulièrement à atteindre et à aider ceux et

celles qui travaillent dans les bibliothèques de petite taille et les bibliothèques relativement isolées.

*Bibliotheca Medica Canadiana* est publié 4 fois par année par l'Association des bibliothèques de la santé du Canada. Les articles paraissant dans BMC expriment l'opinion de leurs auteurs ou de la rédaction et non pas celle de l'Association.



Indexed in/Indexé par: *Library and Information Science Abstracts (LISA)* and *Cumulative Index to Nursing and Allied Health Literature (CINAHL)*.



A subscription to *Bibliotheca Medica Canadiana* is included with membership in CHLA/ABSC. The subscription rate for non-members is \$65/year. ■

### 1998 - 1999

#### PUBLISHING SCHEDULE

Deadlines for:	Submission	Publication	
volume 20 (1)	29 May	06 September	1998
volume 20 (2)	15 September	05 December	1998
volume 20 (3)	01 December	06 March	1999
volume 20 (4)	14 March	06 June	1999

### 1998 - 1999

#### CALENDRIER DE PUBLICATION

Numéro :	Soumission	Publication	
volume 20 (1)	29 mai	06 septembre	1998
volume 20 (2)	15 septembre	05 décembre	1998
volume 20 (3)	01 décembre	06 mars	1999
volume 20 (4)	14 mars	06 juin	1999

### Editorial Address/Rédaction:

Laurie Blanchard, Editor  
J.W. Crane Memorial Library  
Deer Lodge Centre  
2109 Portage Avenue  
Winnipeg, Manitoba R3J 0L3  
TEL: (204) 831-2152  
FAX: (204) 888-1805  
E-MAIL: lblanchd@pangea.ca

Anna Gagliardi, Assistant Editor  
Health Information Research Unit  
MUMC 2D1, Health Sciences Centre  
McMaster University  
1200 Main Street West  
Hamilton, Ontario L8N 3Z5  
TEL: (905) 925-5125 Ext. 22594  
FAX: (905) 577-0017  
E-MAIL: gagliard@fhs.mcmaster.ca

### Subscription Address/Abonnements:

Canadian Health Libraries Association/Association des  
bibliothèques de la santé du Canada  
PO Box / CP 94038  
3332 Yonge Street  
Toronto, Ontario M4N 3R1  
TEL: (416) 485-0377  
FAX: (416) 485-6877  
E-MAIL: chla@inforamp.net  
absc@inforamp.net

ISSN 0707-3674

Canadian Publications Mail Product Sales Agreement 1225588

## Editor's Message

Laurie Blanchard

In the past several months, people close to me have required information on trigeminal neuralgia, macular degeneration, ulcerative colitis, Alzheimer's disease and prednisone. All were desperate for more information than physicians and other health professionals had provided, yet none knew where to find additional information. I know most of you have similar experiences. While putting together this issue of *BMC*, I was aware of how well library professionals have responded to the health information needs of consumers, especially in the last decade, while still serving their 'traditional' clients. Clearly though, as Susan Murray shows us in her article on evaluation of consumer health information on the Internet, our challenge is to ensure consumers have access to quality information.

In this issue we have consumer health information from coast to coast, in a variety of settings, and for a variety of consumer groups. Feature articles include Trudy Amirault and Jackie MacDonald's description of their successful consumer health information partnership, serving the needs of rural health consumers in Nova Scotia. Sheryl Farrar and Debbie Bang present the results of a study investigating how a prescription for information influenced information seeking behaviour of consumers. Christine Marton looks at the availability of women's consumer health information on the Internet.

In the last two issues of *BMC*, Anna Gagliardi, *BMC* Assistant Editor, has provided guidelines for writing program descriptions and case reports. We had a good response for program descriptions on consumer health programs, and representation from a variety of programs. Liz Price describes a consumer information service

based in a pediatric facility. Linda Harris and Dean Giustini tell us how they meet the information needs of cancer patients and their families in Alberta. Plus we have two descriptions of consumer health centres based in hospitals; from Judy Kirton in Edmonton, and Dixie Williamson in Nashville. David Noble shares his experience with setting up a website for cancer information in B.C., and Kevin Wilson describes a telephone consumer health information service in Edmonton.

Please continue to submit either program descriptions or case reports. If writing a longer article is too daunting, this is an excellent way to communicate what you are doing in your library to your colleagues in Canadian health libraries.

Last issue we presented Jim Henderson's proposal to the federal government for a National Coordination of Health Libraries in Canada. This issue we follow up with Joanne Marshall's proposal for a National Network of Health Libraries in Canada, based on a concept paper she prepared for Health Canada. Continuing with this thread of advocacy, Bill Poluha will describe the Manitoba Health Libraries Association's experience writing the position paper *Access to Knowledge-Based Health Information in Manitoba* in the next issue of *BMC*.

Following up from the *BMC* survey conducted in 1997, Anna Gagliardi will present the results of her investigation of electronic publishing of *BMC* at the CHLA/ABSC Annual General Meeting in Ottawa and at the Pre-conference Board meeting. We will keep you posted on Anna's findings in future issues. For now you can still take *BMC* to the beach. Enjoy the summer. ■

### Correction

The fact sheet entitled *Copyright for Libraries in Canadian Health Facilities* was published as an insert in *Bibliotheca Medica Canadiana* 19(3) 1998. The Fact Sheet (revised March 10, 1998) which was posted on CANMEDLIB and which will be available on the CHLA/ABSC webpage at: <http://www.ibd.nrc.ca/~cisti/chla-absc-web/english/chla.htm> includes the following correction.

Under *Copies of articles for research, etc - 30 (2)* "... an article published in a newspaper, review, magazine or other periodical. ..." should read:

"... an article published in:

(a) a scholarly, scientific or technical periodical; or (b) a newspaper or periodical, other than a scholarly, scientific or technical periodical, if the newspaper or periodical was published more than one year before the copy is made. ..."

Further updates concerning the new *Copyright Law (Bill C-32)* will be posted on CANMEDLIB.

## A Word from the President

Lois Wyndham

In the last two columns I've concentrated on how health librarians can promote and advocate for our profession, libraries, and association or local chapter. In this issue I'd like to focus on some of the things CHLA/ABSC does to assist members or chapters.

The Honours and Awards program gives individuals and chapters an opportunity to seek funding for development activities or to nominate a colleague who has contributed significantly to CHLA/ABSC and the health library profession:

- The **Twentieth Anniversary Professional Development Award** is designed to enhance opportunities for CHLA/ABSC members to participate in professional development activities - important in an era of budget restraint. Funding is available for at least five awards each year and application must be made at least six weeks prior to the event.
- The **CHLA/ABSC Development Fund** is designed to support individual or chapter projects and to promote growth at a local level. Many chapters have received funding to support DOCLINE implementation or to contribute to the cost of continuing education events. Applications are due to the President one month prior to each Board meeting.
- The **Tenth Anniversary Commemorative Award** of \$500 is available to chapters which feel they can demonstrate activities which significantly contribute to fulfillment of the CHLA/ABSC mission. Applications are due to the President by April 15 of each year.
- The **Award of Outstanding Achievement** is given to members who have made a significant contribution to the field of health sciences librarianship in Canada.
- The **Canadian Hospital Librarian of the Year Award** is given in recognition of the contribution of an individual hospital librarian to the advancement of health care and health librarianship in Canada. Nominations for the above two awards are due to the President one month prior to the Winter Board Meeting. Full criteria and application details for all these awards are listed beginning on page 'x' of the CHLA/ABSC *Directory*.

A number of recent activities fall under the general umbrella of advocacy and networking in support of health libraries. These include:

- the CHLA/ABSC Task Force on Resource Sharing II (RSTF2) activities with CISTI, the National Library and NLM;
- liaison with MLA, the ACMC, CISTI, OHLA and other library organizations; participation in events such as the National Con-

ference on Health Info-structure, the National Forum on Health and the National Population Health Clearinghouse;

- advocating the development of a national network of health libraries with governments and other agencies;
- advocating health library needs with respect to copyright licensing and legislation.

They are all focused on keeping the health library profile high and increasing our ability to provide quality health information to our users.

Over the years, CHLA/ABSC has supported the publication or development of a number of tools in response to identified needs. Resources currently available from the Secretariat include the 1995 edition of *Standards for Libraries and Information Services in Canadian Healthcare Facilities*, the *Advocacy Kit*, the *Fact Sheet* series and association brochures. Initiatives under way include our new *Code of Ethics* as a poster suitable for framing, a new brochure and possibly a benchmarking toolkit from the Task Force on Benchmarking.

Our journal, *Bibliotheca Medica Canadiana (BMC)*, represents a tangible commitment by the Association to members' professional growth. Through original articles, columns, book reviews and conference papers, *BMC* illustrates the development of health librarianship in Canada and offers members and others a chance to showcase their achievements. Each successive editor has tried hard to be responsive to members' feedback and has contributed to the development of *BMC*. I know this trend will continue as we prepare for a new era of electronic publishing and Web access.

Of course the Annual Conference allows us to participate in professional development, learn about new trends in health information, meet with vendors and network with colleagues. This is also the only major association activity which is organized primarily on a local level. The Board provides some seed money, a Conference Planning Guide, and liaison and guidance as required. However it is the creativity and hard work of the Conference Committee and the support of their individual institutions which makes each conference a success. Revenue from the Conference is an important source of funding for many of the activities mentioned above.

During my years as a Board member I've gained a new appreciation for these and other services provided, and for the commitment and energy which has gone into making CHLA/ABSC a vital organization. We are truly an amazing and resourceful group! ■

## Un Mot de la présidente

Lois Wyndham

Dans mes deux dernières chroniques, je me suis concentrée sur des moyens pour les bibliothécaires de promouvoir et de défendre les intérêts de notre profession, des bibliothèques, de l'association ou des chapitres locaux. Dans ce numéro, j'aimerais mettre l'accent sur certaines choses que fait l'ABSC/CHLA pour aider ses membres ou ses chapitres.

Le programme de Prix et Distinctions donne aux personnes et aux chapitres la possibilité de recevoir des fonds pour l'organisation d'activités ou la reconnaissance d'un ou d'une collègue qui a contribué de manière remarquable à l'ABSC/CHLA et à la profession des bibliothécaires de la santé. Voici les prix et distinctions qui sont décernés :

- **Les Bourses de perfectionnement professionnel du 20<sup>e</sup> anniversaire de l'ABSC/CHLA** ont pour objectif d'aider les membres de l'ABSC/CHLA à participer à des activités de perfectionnement professionnel, ce qui est fort important dans cette ère de compressions budgétaires. Chaque année, il y a des fonds disponibles pour au moins cinq bourses. La demande de fonds doit être présentée au moins six semaines avant la tenue de l'activité de perfectionnement professionnel.
- **Le Fonds de développement de l'ABSC/CHLA** est conçu pour aider les projets de personnes ou de chapitres et pour promouvoir la croissance au palier local. Bon nombre de chapitres ont reçu des fonds pour aider à la mise en service de DOCLINE ou pour défrayer des activités de formation professionnelle. Les demandes doivent être présentées à la présidente un mois avant la tenue de chaque réunion du Conseil.
- **Le Prix commémorant le dixième anniversaire de l'ABSC/CHLA** qui est de 500 \$ est disponible pour les chapitres qui estiment qu'ils peuvent démontrer qu'ils ont tenu une activité qui a contribué de manière remarquable à remplir la mission de l'ABSC/CHLA. Les demandes doivent être présentées à la présidente avant le 15 avril de chaque année.
- Le Prix d'excellence de l'ABSC/CHLA est remis aux membres qui ont fait une contribution remarquable dans le domaine de la bibliothéconomie des sciences de la santé au Canada.
- **Le Prix de l'ABSC/CHLA du ou de la bibliothécaire de l'année** au sein des hôpitaux canadiens est attribué en reconnaissance de sa contribution à l'avancement des soins de santé et de la bibliothéconomie médicale au Canada. Les candidatures pour les deux précédents prix doivent être soumises à la présidente un mois avant la tenue de la réunion d'hiver du Conseil. Les critères concernant l'admissibilité et la demande figurent à la page xxv de l'*Annuaire* de l'ABSC/CHLA.

Bon nombre des activités récentes se regroupent dans la catégorie générale des activités de défense de nos intérêts et de réseautage pour venir en aide aux bibliothèques de la santé. Parmi celles-ci, on compte les activités de RSTF II avec l'ICIST, la Bibliothèque nationale et la NML; de liaison avec la MLA, l'AFMC, l'ICIST, l'OHLA et d'autres établissements bibliothécaires; de participation à des événements tels que la Congrès national sur l'information en matière de santé, le Forum national sur la santé et le centre national d'information en matière de santé

de la population; de justification de la mise sur pied d'un réseau national de bibliothèques de la santé auprès des gouvernements et autres organismes; et de justification des besoins des bibliothèques de la santé en ce qui a trait à l'attribution et aux lois sur les droits d'auteur. Toutes ces activités mettent l'accent sur la promotion du profil des bibliothèques de la santé et l'amélioration de notre capacité à fournir des renseignements de santé de qualité à nos utilisateurs.

Au fil des ans, l'ABSC/CHLA a aidé à la publication ou favorisé le développement de bon nombre d'outils visant à répondre à des besoins reconnus. Parmi les ressources actuellement disponibles par l'intermédiaire du Secrétariat, on compte l'édition 1995 de *Standards for Libraries and Information Services in Canadian Healthcare Facilities (Normes à l'intention des bibliothèques et des services d'information dans les établissements de soins de santé au Canada)*, la trousse de défense de nos intérêts, la série de feuillets d'information et des brochures d'association. Parmi les projets actuellement en cours, on compte le nouveau *Code de déontologie* sous forme d'une affiche que l'on peut encadrer, une nouvelle brochure et, possiblement, une trousse d'information pour l'étalonnage préparée par le Groupe de travail sur l'étalonnage.

Notre journal, *Bibliotheca Medica Canadiana*, représente un des engagements concrets de notre association au perfectionnement des membres de notre profession. Par l'intermédiaire d'articles, de chroniques, de critiques de livre et de comptes rendus de congrès originaux, *BMC* illustre l'évolution de la bibliothéconomie en matière de santé au Canada et offre à ses membres et à aux autres personnes intéressées l'occasion de faire part de leurs réalisations. Chacun des éditeurs successifs a toujours tenté de tenir compte des réactions des membres et a contribué à l'expansion de *BMC*. Je sais que cette tendance se poursuivra alors que nous nous apprêtons à franchir une nouvelle ère de publication électronique et d'accès aux sites Web.

Il est évident que le Congrès annuel nous permet de participer à des activités de formation professionnelle, d'en apprendre sur les tendances en matière de renseignements de santé, de rencontrer des fournisseurs et de faire du réseautage avec nos collègues. Il s'agit également de la seule activité d'importance de l'Association qui est organisée au palier local.

Le Conseil fournit une partie des fonds, un guide de planification du Congrès, une liaison et des conseils, si nécessaire. Toutefois, c'est la créativité et le dur labeur des membres du Comité organisateur du Congrès et l'appui des institutions qui garantissent le succès de chacun de ces congrès. Les recettes provenant du Congrès sont une importante source de financement pour plusieurs des activités mentionnées plus tôt.

Au cours de mes années en tant que membre du Conseil, j'ai acquis une nouvelle appréciation de ces services offerts et de bien d'autres de même que du dévouement et de l'énergie dépensés pour faire de l'ABSC/CHLA un organisme essentiel. De toute évidence, nous sommes un groupe intéressant et rempli de ressources! ■



# Info Scripts : Gateways to Consumer Health Information

Sheryl Farrar, MHSc  
HSO Mental Health Program  
43 Charlton Avenue East  
Hamilton, Ontario L8N 1Y3  
tel: 905-521-6133  
e-mail: [farrars@fhs.csu.mcmaster.ca](mailto:farrars@fhs.csu.mcmaster.ca)

Debbie Bang, MHSc  
St. Joseph's Community Health Centre  
Consumer Health Information Service  
2757 King Street East  
Hamilton, Ontario L8G 5E4  
tel: 905-573-7777 ext. 8054  
e-mail: [dbang@email.stjosham.on.ca](mailto:dbang@email.stjosham.on.ca)

## Introduction

Consumer health information is "any information that enables individuals to understand their health and make health-related decisions for themselves or their families."<sup>(1)</sup>

Individuals regularly make decisions about managing their health and the health of their families. Some of these decisions are based on past experiences; others are based on health information that the individual has gathered from a variety of sources.

Before the consumer health movement of the 1960's (2), the primary sources of health information were the physician, family, or friends. There was no shortage of printed health information, but the information was technical, full of medical terminology, and intended for an audience of physicians (3).

By the 1990s, people were still getting health information from physicians and other health professionals. However, some people were also using sources such as television, radio and newspapers, magazines, telephone services, public libraries, and the Internet. Consumer health information centres made their debut in Canada in the early 1990's. Most Canadian sites are based out of libraries or hospitals (4). The present challenge is to make health professionals and consumers more aware of these valuable services.

## Consumers and Health Information : Access through Information Prescriptions

A United States market research group and Dr. Bernie Seigel, a cancer specialist, have classified medical consumers into three groups:

- 1) *Passive patients* are those who believe their health is purely a matter of chance or luck,

- 2) *Concerned consumers* rely heavily on their physicians and follow their advice closely, and
- 3) *Health-active/health-responsible consumers* take charge of their health and/or illness and consider their physician a partner in their care (5).

The concerned consumer group, the largest segment of the population, seems to need their physician's permission to seek health information (5). Therefore, it may be necessary for a health professional to inform a client of consumer health information services to ensure access to information, promote the best health outcomes, and encourage patient involvement and autonomy in their own care.

---

***Information prescription tools may help overcome these barriers and provide a way to refer clients to consumer health information centres. An information prescription can be used by physicians and other health care professionals as a personalized reminder for clients to seek information, and to provide advice about what information to look for and where to find it.***

---

Studies have shown that people who understand their diagnosis and treatment recommendations are less anxious and recover more quickly from surgery (6), have better health outcomes (5, 7, 8) and have an improved health status (8, 9). However, many barriers deter clients from receiving information from their health care professionals (10). People may be discouraged from asking questions because they feel intimidated by the health care system or uninvolved in their care.

Other factors greatly affect how a person uses consumer health information for a health care concern. Deering and Harris have identified that income and education significantly affect health

and how health information is used (11). People with low incomes and education are three times less likely to seek health information, will have twice as many problems finding it, and are half as likely to read what they have gathered (11).

Information prescription tools may help overcome these barriers and provide a way to refer clients to consumer health information centres. An information prescription can be used by physicians and other health care professionals as a personalized reminder for clients to seek information, and to provide advice about what information to look for and where to find it.

A version of an information prescription tool was first developed at McMaster University Medical Centre in Hamilton, Ontario by a health sciences librarian, in collaboration with pediatric health professionals. It enabled health professionals to refer parents to the McMaster University Health Sciences Library. The tool was underutilized due in part to its complicated design (12). Prescribing has also been used as a method of encouraging clients to become more physically active (13, 14, 15, 16). The use of an information prescription to direct people to access health information at a consumer health information centre is an innovative approach.

### The Info Script©

Between May and December 1996, a pilot study was conducted out of the Consumer Health Information Centre located at St. Joseph's Community Health Centre in Hamilton, Ontario. The purpose of this pilot was to test the effectiveness of a specific information prescription, the Info Script©. This tool was used by physicians and other health professionals to encourage use of consumer health information centres in the Hamilton-Wentworth region. The hypothesis was that the Info Script© would motivate those people who wouldn't normally search for health information to do so. A more detailed account of the pilot study methodology and results have been outlined in another publication (17).

Two versions of the Info Script© were developed; both were the size of a pharmaceutical prescription, and bore the title, "Info Script©". One version bore the addresses of the three regional consumer health information centres directly under the title, followed by blank fields for client name, diagnosis, and information needs. A field for the "prescribing" health professional's signature was included at the bottom of the Info Script©. Assuming that health professionals would be comfortable with a familiar format, this version was designed to simulate a pharmaceutical prescription. We also hypothesized that a formal directive from a health professional, underscored by the use of an established prescription format, would enhance client acceptance of the tool. The more informal Info Script© simply included the sentence "(Client name) would like to know more about..." and a blank field for information needs. Addresses and phone numbers of the three regional information centres were typed onto the back of this version.

During the pilot study, all clients who had scheduled appointments with a participating health professional were eligible to receive an Info Script©. Clients who accessed health information at one of the three participating information centres completed a questionnaire which included demographic information and two measures of attitudes toward health and medical care: the Multi-Dimensional Health Locus of Control Scale (18), and the Michigan Assessment of Decision Style (19). At the end of the intervention period, all health professionals were interviewed to determine how they used the Info Scripts© in their practice, and with whom they used them. All interviews were audio recorded, transcribed verbatim, and analyzed using a qualitative software program.

### Health Behaviour Measurements

The measurement tools used in this study were chosen based on the hypothesis that people who presented at consumer health information centres with Info Scripts© would have different health information-seeking behaviours than those who presented on their own without an Info Script©. The Multi-Dimensional Health Locus of Control Scale (MDHLC) (18) is a highly speculative measurement which can describe a person's health belief pattern. This tool is linked closely with Seigel's medical consumer classifications of passive, concerned, and health-active/health-responsible consumers (5). The MDHLC groups people by three belief patterns: 1) in the "chance" locus of control group, people believe health is determined by forces such as chance, fate, or luck; 2) the "powerful others" locus group believe an influential person has authority over the individual's health (this figure is usually a physician); 3) the "internal" locus of control group believe a person is responsible for their own health.

The Michigan Assessment of Decision Style (MADS) was developed to describe an unaided decision-making process of women facing treatment for breast cancer (19). MADS states that decision-making processes can be categorized into three empirically derived groups. The "deferrer" has a simplistic approach to decision-making, with an immediate attraction to one option and

no information-seeking behaviours. The "delayer" considers at least two options and performs minimal information searches, usually from non-technical sources. The information-seeker/deliberator has a strategy for their decision-making and conducts extensive information searches to support this approach (19).

We hypothesized that clients presenting with an Info Script© would have a "powerful others" locus of control and a "delayer" decision-making process, because they were given the Info Script© by their health professional who encouraged them to seek information.

Those who presented without an Info Script© would fall under "internal" and "information-seeker/deliberator" typologies since these people displayed self-motivational tendencies in their information-seeking behaviours.

### Findings

During the pilot study, 60% of people receiving Info Scripts© sought information at one of the three health information/resource centres.

### Demographics

Clients presenting at health information centres during the intervention period with or without an Info Script© were mostly women (87%) between 31 and 40 years of age (30%). When comparing people who came on their own with those who presented with the Info Script©, it was found that people who came to seek health information with an Info Script© were less likely to have college or university training (39.5% vs. 67.5%;  $p=.01$ ).

---

***The measurement tools used in this study were chosen based on the hypothesis that people who presented at consumer health information centres with Info Scripts© would have different health information-seeking behaviours than those who presented on their own without an Info Script©.***

---

People with the Info Script© also reported having less highly skilled employment (14.7%) compared to those without an Info Script© (43.9%;  $p=.009$ ). (Note that a  $p$  value of less than 0.5 is associated with a significant finding.)

### Locus of Control and Decision-Making

The study found that all clients presenting at consumer health information centres with or without the Info Script© were similar in their locus of control and health decision-making profiles. This contradicted our hypothesis that those with the Info Script© would have higher "powerful others" locus from the MDHLC Scale (18) and "deferer" decision-making style on the MADS Scale (19).

### Health Professional Interviews

Interviews provided insight into how health professionals used the Info Script© and with which clients. The main factors which enhanced the use of the Info Script© in practice were the health professional's perception that the information was needed by the client, and the client's questioning of the health professional. The Info Script© also acted as a time saver for the health professional and was used most often during first assessments. Health professionals also stated that the Info Script© assisted in their continuing education since clients would return to appointments with current research and information and share this with their health professional. Reasons why an Info Script© were not offered included the health professional's perception that the patient was "not ready" for the information, or that prescribing an information search for minor or common illnesses was inappropriate.

### Discussion

The Info Script© was successful in bringing in people who would not otherwise have come to seek health information. People who presented with an Info Script© had less education and less highly skilled employment than those who sought information without encouragement from their health professional.

All clients presenting at a consumer health information centre displayed "internal" and "information-seeker/deliberator" typologies. This suggests that physicians were selectively giving Info Scripts© to people who were asking questions and requesting large amounts of information, behaviours typical of people with high internal locus of control and motivated information-seeking characteristics. Interviews with health professionals confirmed that Info Scripts© were given to people who asked questions and displayed other information-seeking behaviours. During the study protocol, health professionals were not instructed as to whom to prescribe an Info Script©. This allowed us to learn more about how healthcare professionals would, or would not, use the Info Script©. Therefore, the people who reported lower educational status and skilled employment received Info Scripts© due to health information-seeking behaviours displayed to their health professional.

## Implications for Health Librarians and Future Directions of Research

Clients are seeking answers to their health questions and are less satisfied with information found in simple pamphlets. Health questions are increasingly complex and clients often try several information sources before they are referred to a specialized service (10). A search performed at a health information centre is much more sophisticated and individualized than most other approaches.

Health librarians are often an untapped resource for clients seeking health information. Meshing the skills of health librarians with clients looking for health information is an effective collaboration. The distribution of the Info Script© is an excellent way to facilitate this interaction.

The pilot study demonstrated that clients receiving an Info Script© would come to a health information centre to find answers to their health questions. Once a client finds a reliable source of health information, they return to meet subsequent health information needs

(10). Several health professionals in the pilot study reported using the Info Script© as an extension of the initial assessment. This finding suggests that health librarians may be called upon to assist clients who have limited knowledge about their diagnosis or condition. Furthermore, health professionals used the Info Script© with clients who asked questions not easily answered in an office setting. Info Scripts© will aid the librarian in clarifying information needs for clients, making searches for health information more efficient.

The Info Script© is an effective marketing and communication tool, referring clients to specific health information centres, and providing locations, hours, and collection information to a wide audience. As well, use of Info Scripts© by health professionals facilitates a link between the questioner and the source of the answer, contributing to a positive outcome for all involved. In cases where the client brings the information to the next healthcare appointment, there is an added benefit of continuing education for the health professional. The health librarian will be an integral part of this education, supplying the most current information from a wide variety of sources including the Internet; a new medium to many health professionals.

Future research with the Info Script© must now focus on trials in which clients receive Info Scripts© irrespective of their typical information-seeking behaviour. Outcomes of access to health information must also be followed through measurable markers; for example, physical activity due to seeking and using information about self-care and activity levels in diabetes. Health systems research focusing on the implementation of information prescriptions in the health care system and the emerging role of the health librarian and health information centres, is also needed.

In conclusion, clients continue to have difficulty accessing health information to find answers to their health questions. The use of an Info Script© by health professionals could be part of the answer. ■

---

***...clients continue to have difficulty accessing health information to find answers to their health questions. The use of an Info Script© by health professionals could be part of the answer.***

---

## Acknowledgments

This research would not have been possible without the generous support of a grant from the Father Sean O'Sullivan Research Centre at St. Joseph's Hospital, Hamilton, Ontario. The authors would like to thank Michelle Howard and Dawn Dalby for providing statistical

analysis and making sense of the findings. Don Buchanan, John Sellors, and Penny Pierce provided expert and timely advice during the study. Bev Powell-Vinden and Mark Palmer were of great assistance during the editing of the paper.

## References

- Patrick K, Koss S. **Consumer health information white paper.** [draft][s.1.]: Consumer Health Informatics Subgroup, Health Information and Applications Workgroup, Committee on Application and Technology, U.S. Information Infrastructure Task Force, May 1995.
- Inlander CB. *Trends in medical consumerism.* In: Rees AM, ed. **Managing Consumer Health Information Services.** Phoenix: Oryx Press, 1990:3-14.
- Rees AM, Hoffman, C. **The Consumer Health Information Sourcebook,** 3<sup>rd</sup> ed. Phoenix, Oryx Press, 1990.
- Bang D, Muir M. *Providing access to consumer health information: who's doing it and what's the payback?* **Health Promot Can** 1997;34(3):15-18.
- Ferguson T. *The health active, health-responsible consumer.* In: Rees AM, ed. **Managing Consumer Health Information Services.** Phoenix: Oryx Press, 1991:14-22.
- Boore JPR. **Prescription for recovery : the effect of pre-operative preparation of surgical patients on post-operative stress, recovery, and infection.** London: Royal College of Nursing, 1978.
- Masiak R, Kiplon S, Heck L. *Subsequent behaviour of users of an arthritis information telephone system.* **Arthritis Rheum** 1990; 33:212-18.
- Greenfield S, Kaplan SH, Ware JE Jr., Yano EM, Frank HJ. *Patient's participation in medical care : effects on blood sugar control and quality of life in diabetes.* **J Gen Intern Med** 1988;3:448-57.
- Greenfield S, Kaplan SH, Ware JE Jr. *Expanding patient involvement in care : effects on patient outcomes.* **Ann Intern Med** 1985;102:520-28.
- Bang D, Farrar S. *The Consumer Health Information Centre : who uses it and why?* (research in progress)
- Deering M, Harris J. *Consumer health information demand and delivery : implications for libraries.* **Bull Med Libr Assoc** 1996;84(2):209-16.
- Flemming, T. *Personal conversation.* 1995 (Feb.)
- King CN, Senn MD. *Exercise testing and prescription. Practical recommendations for the sedentary.* **Sports Med** 1996;21(5): 326-336.
- Long BJ, Calfas KJ, Wooten W, et al. *A multisite field test of the acceptability of physical activity counselling in primary care : project PACE.* **Am J Prevent Med** 1996;12(2):73-81.
- Browne D. *Exercise by prescription.* **J R Soc Health** 1997;117 (1):52-55.
- Swinburn, B. *Green prescription.* (in press)
- Bang D, Farrar S. *Use of information prescriptions in medical practice.* **Can Fam Physician.** (submitted)
- Wallston K, Wallston B, Devellis R. *Multi-dimensional health locus of control scale.* In: Robinson J, Shava P, Wrightsman L, eds. **Measures of Personality and Social Psychological Attitudes** San Diego: Academic Press, 1991.
- Pierce P. *Deciding on breast cancer treatment : a description of decision behaviour.* **Nurs Res** 1993;42:22-28.

## Author Information

**Sheryl Farrar** holds a Bachelor of Science degree from the University of Guelph and a Master of Health Science degree (Health Promotion) from the University of Toronto. She has held the position of project co-ordinator at the Consumer Health Information Centre at St. Joseph's Community Health Centre to examine the use of Info Scripts with physicians and other health professionals. Currently, Sheryl is Research Assistant with the Hamilton-Wentworth HSO Mental Health Program, a program which supports family physicians in providing mental health care to their patients. She is also a current recipient of a Community Fellowship from the organization, Educating Future Physician's of Ontario, to develop educational materials for physicians to assist in the detection and management of attention deficit disorder in the primary care setting.

**Debbie Bang** is Coordinator/Researcher of the Consumer Health Information Service at St. Joseph's Community Health Centre in Hamilton, Ontario. Along with the volunteer team, she planned and developed the Consumer Health Information Service in late 1991. They continue to evaluate the service and are actively involved in several research studies. In 1996 they were recipients of an Award of Merit at the Pinnacle Awards for the Health Extension Service. Ms. Bang is a graduate of McMaster University's Nursing Program and has a Master's Degree in Health Promotion from the University of Toronto. She was a successful recipient of a Community Research Award from NHRDP in 1995 and is investigating the intentions of people 55 years and older after they listen to a Health Extension message. In 1996 she received a Father Sean O'Sullivan Research Centre award for the Info Script study.

# Health Information for Rural Nova Scotia : The Western Health Information Project

Trudy Amirault, Regional Library Director  
Western Counties Regional Library  
405 Main Street, Yarmouth, Nova Scotia B5A 1G3  
tel: 902-742-2486 ; fax: 902-742-6920  
e-mail: [tamiraul@nsy.library.ns.ca](mailto:tamiraul@nsy.library.ns.ca)

Jackie MacDonald, Librarian  
Yarmouth Regional Health Sciences Library  
Western Regional Health Centre  
58 Vancouver Street, Yarmouth, Nova Scotia B5A 2P5  
e-mail: [jackiem@yrhosp.ns.ca](mailto:jackiem@yrhosp.ns.ca)

## Introduction

Consumers require access to health information if they are to be active decision makers and partners in their own health. Rural health care consumers have particular difficulty accessing consumer health information because of their geographical distance from health centres.

The Western Health Information Project (WHIP) is a consumer health information service designed to meet these needs. It was developed as a partnership between the health centre library and the regional public library, with cooperation from the Yarmouth School of Nursing and the Yarmouth Community Net.

## Background

The total population of Digby, Shelburne and Yarmouth counties, the three counties which make up southwestern Nova Scotia, is 66,500. The area is served by Western Counties Regional Library, a regional public library system funded by municipal governments and the Nova Scotia Department of Education and Culture. There are three hospitals, including one regional hospital, the Western Regional Health Centre in Yarmouth. Yarmouth, the largest town in the area with a population of 7,568, is a 3.5 hour drive from Halifax.

About 30% of the adult population has less than a grade 12 education, with 15% completing less than Grade 9. The French speaking population is 7.4%. Industry in the region is resource based, primarily fisheries and forestry. There are higher than average rates of unemployment.

Western Counties Regional Library provides services through ten branches, the largest in the towns of Yarmouth, Digby and Shelburne. All branches are linked to the Internet via Ednet, the Nova Scotia Department of Education's Wide Area Network (WAN). Holdings are listed in a MultiLIS database and the library is fully automated.

Yarmouth Regional Health Sciences Library, formed in 1995 by merging the Yarmouth Regional Hospital Medical Library and the Yarmouth School of Nursing Library, provides library and information services to all health care providers and students associated with Western Regional Health Centre and the Yarmouth School of

Nursing/Dalhousie University Collaborative BScN Project. The Library also provides outreach library and information services and centralized publications ordering and cataloguing to other health care centres in western Nova Scotia. Resources and services for health care providers include document delivery, information retrieval, CD-ROM databases, an electronic union catalogue, and book and journal collections. The library is staffed with one full time librarian and 0.34 FTE student assistant(s).

Initial planning and staffing for the health centre library did not include services to health care consumers. In early 1996, the increasing number of requests from health consumers received at Yarmouth Regional Health Sciences Library was brought to the attention of the Health Centre's Library Advisory Committee. The Committee decided that the Library must take an active role in providing consumer health information.

At the same time, about 10% of all information requests received by Western Counties Regional Library staff, 3,000 requests per year, related to health. Although staff recognized the importance of providing services to health care consumers, it was difficult for them to obtain authoritative and up-to-date information, particularly when extensive information was required.

When librarians from the two institutions met in early 1996, we decided to pool their strengths and resources to develop a cooperative service.

## Our Solution : A Partnership Model

Once we decided to work together, there seemed to be four possible models we could adopt.

We had already decided that it was not feasible for either the public library or the health centre library to provide a consumer health information service on their own. The third model, that of a new consumer health resource centre, was not economically possible in the climate of government cutbacks in Nova Scotia. We also felt that this type of centre did not make sufficient use of our strengths. We decided to adopt the fourth model, partnership between the two institutions.

We had an active community network already in place - Yarmouth Community Net (YCN). With a server, Internet access and dial-up lines funded by Industry Canada's Community Access

---

***Consumers require access to health information if they are to be active decision makers and partners in their own health.***

---



Project, YCN became our third partner. Faculty at the Yarmouth School of Nursing, part of the Dalhousie-Yarmouth Collaborative BScN Program, agreed to evaluate the project.

Together, we developed a World-Wide Web (WWW) site containing a mixture of local and general information, some commercial databases as well as links to free sites. Our partnership functions as follows:

- The public library delivers the health information to the public, thereby performing a role for which they are already funded.
- The health centre library maintains the website, provides quality control, additional specialized resources and is a backup for information requests beyond the capability of the public library.
- The Yarmouth Community Net provides server space, technical support and community input into the content. The School of Nursing handles project evaluation.

We hoped to meet at least 90% of requests with resources accessed through our WWW page directly by a health care consumer using a home or public library computer, or by a search mediated by a public library staff member. Preliminary results indicate that we are meeting that goal.

The remaining 10% of requests would be referred to the public library's reference librarians who would consult with the health centre librarian when necessary. We realized that more complicated and unusual questions would require different handling. Rather than stock our library shelves with books and videos on specific subjects purchased 'just in case', we decided to take a 'just in time' approach.

## Project Description

We decided that our project should be Internet based for several reasons. We wanted our information to be accessible 24 hours a day. Internet allows the consumer privacy not previously available, whether accessed from home or from a computer at a public library. Access to YCN through 'guest' dial-up accounts is particularly useful to persons with disabilities and teens in isolated areas with no transportation to the public library.

We know that many people in our region do not use Internet - particularly the low-income, low literacy families that we wanted to reach. Public library staff and health care providers can use our pages to quickly find information for people without Internet access.

In the initial planning of our project, we identified five health information packages that we could offer. We expected that together, these would meet the needs of most consumers. Four of these information packages are our own products.

### 1. Wellness Directory

A *Wellness Directory* listing local health and social services agencies and organizations that contribute to people's health and well being. Some entries include links to organizations. This directory is used for referrals to more comprehensive information or assistance.

When we started work on our *Directory*, we identified at least a half dozen print directories, most of them outdated, that listed many of these same organizations. We continue to discover other electronic directories that overlap with ours and with each other. We have merged several other directories with ours, added Health

Board information, and will work with other organizations to produce one comprehensive directory to sustain this part of the project and keep the directory current.

Through Industry Canada, this winter we will employ two youth workers on a three-month grant. By next summer, we hope to have added links to the Web pages of many more such organizations. By then, we hope to have developed a way to feature notices of local health education programs in our community net calendar.

### 2. Full-text database

A full-text databank of health information prepared by local health care providers. This package includes a set of patient education fact sheets on our health centre's most common reasons for emergency room visits. Patient guides to diagnostic imaging procedures and a step-by-step guide through the process of placing someone in a nursing home are other examples of this collection. A readability scan we completed on these last summer placed each at between Grade level 5 and 6. Our initial set of 80 pages is currently being translated into French.

This year, third year Bachelor of Science in Nursing students in Yarmouth are preparing more content for us as the term assignment in their patient education course. These will be edited by their instructors before being made publicly available.

### 3. Library links

A link from our project to the public library and to the health centre library catalogues. Currently these must be searched separately. An interface that would search both collections simultaneously would be ideal.

Through our partnership, the health centre library now uses the public library system's borrower's list. Material circulates to the public using public library cards, eliminating duplication of work. By the end of next summer, we hope to have a searchable database of local health agencies' lending collections of pamphlets, books, journals and videos.

### 4. Web links

A list of links to health information on the WWW that we have used and found to be both useful and reputable. We evaluate sites using the same standards that, as librarians, we have traditionally applied to book and journal selection.

Numerous resources like ours already exist on the WWW; we've wondered whether maintaining ours is worthwhile, but decided that being able to search it, along with our other resources, is important for our users.

### 5. Infotrac Health Reference Center

This commercial online database is central to our project. It contains 3 current rolling years of health information from a variety of sources, including many complete articles from health journals. Initial funding for Internet access to this database was secured for one year from the Yarmouth Public Library and Museum, a local philanthropic group; in April 1998, we will join the Nova Scotia Provincial Library's consortium for province wide access.

An electronic information request form was placed on the main WHIP search page for Internet users who do not wish to contact the public library but are unable to find needed health information. Information requested via this form is delivered to the health centre librarian.

## Evaluation

From the outset, we built project evaluation into our plans. Faculty at the Yarmouth School of Nursing, part of the Dalhousie-Yarmouth Collaborative BScN Program, are conducting a two phase study of the project. The study is to be completed in 1999. Interim results were tabulated at six months.

Phase I of the research assesses the effectiveness of the Western Health Information Project as perceived by the users. This phase includes two parts:

- a) assessment of locally prepared brochures, pamphlets and fact sheets, and
- b) a survey of WHIP information users' perceptions of the project.

Phase II is an examination and evaluation of the relationship between the use of consumer health information delivered through Internet, and demand on the health care system.

Phase I's assessment of locally prepared brochures, pamphlets and fact sheets included an examination of the following points:

- reading level
- involvement of target audience in preparation
- involvement of health personnel in preparation
- pilot testing with target audience
- general information or disease specific
- congruent with current literature
- listing of local services or resources
- cultural sensitivity
- phone number or contact name for referral
- language

A summary of this part of Phase I's interim assessment follows:

"While the material included in the WHIP Project was found to be congruent with current literature, generally at an appropriate readability and developed with professional input, their usefulness and relevancy may be hampered by very limited input and feedback from the target audience. Usefulness is also limited to the English speaking/reading population."

Information for Phase I's examination of users' perceptions on the usefulness of the WHIP project was collected by both paper and electronic questionnaire. A summary of this information tabulated at six months follows:

"Ninety-four percent of the respondents found the material they wanted and 75% stated that the material was easy to read and understand. Eighty-seven percent found the 'Net easy to use and 50% needed little to no help.

Only 25% assessed the material to be of high quality and the same percentage did not choose to say that the information was accurate. None chose to say it was culturally sensitive."

All participants were female and Caucasian. Seventy-five percent were between the ages of 30 and 60 years."

## Project Outcomes, To Date

Over 98% of health questions received by the public library are answered with the help of WHIP page and the Library's own resources. Referrals to the health centre library are required for less than 2% of requests.

Less than 0.13% of users of the health page use the electronic request form for further information. Requests for information from health care consumers received directly at the health centre library have decreased to fewer than ten per month.

## Conclusion

Partners in our project believe that access to health information is a crucial part of access to health care. Funding for consumer health information should be included in the health care budget, without extra cost to consumers. Just as funding for acute care is being cut to fund home care, we expect to see some acute care dollars going into consumer health information services without duplication of public library services.

We recommend that health dollars are used to provide health expertise where it is needed. Helplines, for example, are one consumer health information service that health professionals must provide.

We believe that the partnership model we chose in early 1996 is the best model for a rural setting; it is sustainable, cost-effective, and expands the pool of expertise, skills, and contacts—necessities in a rural area. Duplication of effort is also avoided, using existing infrastructure such as staff, equipment, phone lines, database vendor and Internet provider contacts, supplies, servers, technical support, and even borrowers' lists.

Although there are no limits on the public library's mandate to provide information and information services, people involved in health care rarely consider public libraries as a delivery point for health information. Using the public library as the service delivery point means that the public has longer access hours, and in their own communities.

Partnerships such as ours make sense to governments and politicians and are therefore more likely to attract support and money.

Our partnership uses librarians doing what they do best—organizing and disseminating information to a high standard. Our health centre-public library partnership makes the best use of what we have. We continue to see benefits we hadn't initially thought of, and continue to think of new directions, new partners, improvements and additions. ■

## Author Information

*Trudy Amirault has been Director of Western Counties Regional Library since 1995. She is a graduate of Acadia University and the School of Library and Information Science at Dalhousie University. She serves as Vice President and is a founding member of the Yarmouth Community Network. Trudy has also partnered with the regional development authorities in her area to coordinate and promote public access to information technology.*

*Jackie MacDonald (B.Sc., M.L.S.), has been the librarian at the Western Regional Health Centre in Yarmouth, Nova Scotia since 1995. She spent several years as a reference librarian at both University of Saskatchewan and Dalhousie University Health Sciences Libraries, was Science Librarian at Acadia University for 8 years, and has worked in the private sector as a sci-tech information management and retrieval specialist.*

# Separating the Wheat from the Chaff : Evaluating Consumer Health Information on the Internet

Susan Murray

Consumer Health Information Service  
Metropolitan Toronto Reference Library  
789 Yonge Street, Toronto, Ontario M4W 2G8  
tel: (416) 393-7168 ; fax: (416) 393-7181  
e-mail: [smurray@gwmail.mrtl.toronto.on.ca](mailto:smurray@gwmail.mrtl.toronto.on.ca)

"Like food, exercise, and alcohol, the Internet is probably best used in moderation." (Jerome P. Kassirer, M.D. Review of *Being digital and silicon snake oil : second thoughts on the information highway*. In: *N Engl J Med* 1995 Oct 12.)

## Why do Consumers turn to the Internet for Health Information?

The 1996 report by Find/SVP, *Consumer health and medical information on the Internet: supply and demand*, estimated that 36.7% of Internet users retrieve health and medical information in over 10,000 health-related websites(1). "It is estimated that more than 10% of the information available on the World-Wide Web pertains to health care." (2)

A December 1997 inquiry on the *Health-Bridge* listserv, an unmoderated discussion list to foster more active partnerships between health-oriented self-help online resource creators and health care professionals, invited subscribers to reply why patients and their families turned to online resources rather than other resources for medical information.

The reasons given were:

- ♦ **Up-to-date Information**
  - ♦ for some medical conditions, online resources offered the "only" way to get information about diagnosis, treatment options, etc.
- ♦ **Emotional support**
  - ♦ it was the best way to contact other patients and their families and gain emotional support and information from them
- ♦ **Convenience**
  - ♦ the information was available 24 hours a day, 7 days a week, 52 weeks a year
  - ♦ you could take your time to search for the information you wanted
  - ♦ the information could be accessed from the comfort of your home or office
- ♦ **Privacy**
  - ♦ anonymity of the Internet
- ♦ **Interpersonal issues**
  - ♦ a feeling of frustration from trying to 'pry' information from health care providers
  - ♦ a sense that the medical community is unable to communicate properly with patients seeking their input
  - ♦ fear that health care providers are not knowledgeable of all possible alternatives or making them available to the patient

- ♦ difficulty in asking questions of health care providers when the patient feels in awe of them

The immediacy and connectiveness of the Internet offers great advantages over traditional methods of gathering health information. When Jim Carroll, co-author of *Good health online* and a number of other books about the Internet, suspected that he was having an episode of Bell's palsy, he went on the Internet at 9:30 a.m. and was in touch with five other people around the world with the condition by 5 p.m. (3)

## What are the Problems with Using the Internet for Health Information?

Despite its benefits, there is no guarantee of the quality of health information on the Internet. Consumers who turn to the Internet to find health information face two problems: not only is it difficult to locate information discussing their specific concern, but it is hard to find the 'best', most reliable health information. Anyone can self-publish on the Internet. Presently there is no consensus or robust guidelines for health-specific information. The impact of unreliable health information can be far-reaching. Poor, inaccurate health information has more damaging consequences than other information on the Internet. Consumers may ignore their symptoms or rely on unproven treatment strategies.

An abundance of articles caution consumers and healthcare professionals alike to be wary of health information they find on the Internet. A major review of 100 gastrointestinal disease sites conducted by Case Western Reserve University, concluded that up to 10% of the websites examined can lead the unwary to consider unproven treatments (An article in the October 4, 1997 issue of *New Scientist* entitled *Surfer, heal thyself*, focused on the dangerous trend to do-it-yourself medicine and selling of medications on the Internet.) (5)

"With over a million newcomers to the Internet each week and an estimated 230 million devices accessing the Internet by the year 2000, those accessing health-care information will need guidance in separating quality information from less reliable sources" (Röhler, assistant editor of *Eurosurveillance Weekly*). "For the foreseeable future, however, let the reader beware." (6)

## Evaluation of Websites

Only a small number of websites display rating schemes and fewer still explain how the ratings have been applied. An assessment of 857 health and medical resources reviewed by Magellan, *Six Senses* and *The Point Reviews*, resulted in average score of 59% (7).

McMaster University is currently researching rating schemes and evaluation criteria for inclusion of health information on the Internet. "Rating Health Information on the Internet: Navigating to Knowledge or to Babel" in the February 25, 1998 issue of *JAMA* (8), reports on a study conducted to identify and describe rating instruments used to rate websites providing health information on the Internet. Of the forty-seven rating instruments identified, only thirteen published their rating systems - a fourteenth rating system was obtained by writing for additional information. The conclusion was that a large number of incompletely developed instruments exist to evaluate health information on the Internet.

There are some standards or benchmarks being developed that may assist consumers in locating better quality information. Many of these are in the form of a "seal of approval" or assigning of stars to recommended sites.

Some examples are:

- The National Council Against Health Fraud has developed guidelines for the reliability of health information on the Internet. (9)
- The International Committee on Medical Editors has agreed on benchmarks. (10)
- The Internet Healthcare Coalition has established benchmarks. (11)
- Health on the Net Foundation has established a code of conduct for sites. (12) Available at: <http://www.hon.ch/HIONcode/Conduct.html>
- The British Healthcare Internet Association has proposed an "Internet Bill of Rights for Access to Health Information on the Net." (13) Available at: [http://www.bhia.org/public/news/news/temp\\_billofrights.htm](http://www.bhia.org/public/news/news/temp_billofrights.htm)
- The OHcLP Project (Ontario Health Link for Practitioners), a project of the Consortium of Ontario Academic Health Libraries, is looking at evaluation criteria to recommend sites to practitioners.

## Criteria for Evaluating Health Information on the Internet

*Working draft white paper : criteria for assessing the quality of health information on the Internet* (14) is a key document that provides a set of criteria that can be used accurately and reliably by the consumer to assess the quality of health information on the Internet. This is a project of the Health Information Technology Institute, a collaborative group that includes representatives from major professional, consumer, and government organizations in the U.S. The project will also include an ongoing study of the effectiveness and impact of this assessment tool to aid policy makers in their decision-making regarding the Internet.

The criteria that the Health Information Technology Institute has proposed for evaluating websites falls into seven broad categories:

### 1) Credibility

- does the site offer reasonable grounds for being believed?

### 2) Content

- how well-documented or accurate is the information?

### 3) Disclosure

- what is the purpose of the site?

### 4) Links

- how useful are the links or connections to other internal pages or external sites?

### 5) Design

- does the layout of the site enhance the delivery of information?

### 6) Interactivity

- does the site have a feedback mechanism for users to send criticism and comments?

### 7) Caveats

- are consumers alerted to the dangers of accessing health information on the Internet?

These can be further subdivided:

#### 1) Credibility

##### a) Source

- the name of the sponsoring organization should be prominently displayed
- problem of sound-alike names, anonymity
- credentials of authors should be noted
- any conflict of interest (disclosure of sponsorship) or bias should be noted

N.B. Even a well-educated Web surfer is unlikely to have the scientific background needed to evaluate medical information critically.

##### b) Context

- is the information provided as part of an advertisement?
- be skeptical of glowing reviews from manufacturers or patient 'educational' materials that may be promotional

##### d) Relevance/Utility

- does the site live up to its name and promise?
- how relevant or useful is the information to the site?

##### e) Editorial Process Review

- does the site have a 'peer review' or editorial process?

#### 2) Content

##### a) Accuracy

- the validity of the information should be explained, as well as the underlying data that led to the conclusions
- be skeptical of amazing results, secret cures, earthshaking breakthroughs

##### b) Hierarchy of Evidence

- although written in many cases for the lay public, the information should reflect the principles of evidence-based medicine
- supporting studies should be clearly presented
- randomized controlled trials are preferable

##### c) Original Source Stated

- information from another source should be clearly indicated
- documentation of author's affiliation and personal viewpoint should be noted

##### d) Disclaimer

- limitations, purpose, scope, authority, and currency of the information should be clearly noted in a disclaimer

- should emphasize that this is general health information and not medical advice
- should point out that health care providers can provide the best advice on individual health matters
- should define the scope of responsibility with links to other sites

**e) Omissions Noted**

- comprehensive review of a topic should be presented; if not, this should be indicated should include references to other reputable sources

**3) Disclosure**

**a) Purpose of the site**

- the mission statement or purpose should be displayed

**b) Profiling**

- sites requiring registration should disclose what the information will be used for

**4) Links**

**a) Selection**

- does the selector have the expertise to choose?
- are the links appropriate for the intended audience?
- are there too few or too many links?
- are the links up-to-date or have many of the sites moved?

**b) Architecture**

- is it easy to navigate/move backwards and forwards?
- are brief descriptions or organized groupings of linked sites provided?

**c) Content**

- linked sites should be accurate, current, credible, and relevant
- links to high quality sites reinforce credibility

**d) Back Linkages and Descriptions**

- these are links from one website to another, similar to citations to source materials in books
- these are a relative measure of the 'popularity' of a website

**5) Design**

**a) Accessibility**

- can consumers access the site with low-tech equipment?
- are there options for enabling use by the hearing and seeing impaired?

**b) Logical Organization/Navigability**

- is the site easily and logically organized?
- can consumers easily move around and return to the homepage?

**c) Internal Search Engine**

- can the site be searched by keyword or search string for relevant material?

- is the user interface simple and easy to use?

**6) Interactivity**

**a) Mechanism for Feedback**

- can users send criticism and comments to the source site?
- is it possible to receive replies to this feedback in a reasonable time?

**b) Chat Rooms**

- these allow the exchange of information among many individuals, often anonymously
- a moderator's name and qualifications should be posted
- a warning should be posted that the information may not be accurate

**c) Tailoring**

- if tailoring information to the user is based on clinical algorithms, the algorithm should be stated, including its developer and the site's affiliation with the developer

**7) Caveats**

**a) Alerts**

- consumers should be wary of sound-alike names of organizations
- consumers should be skeptical of "earthshaking breakthroughs", "secret" or "miracle" cures, using testimonials, and making claims for illnesses that cannot be justified scientifically

**Can or Should Health Information on the Internet be Evaluated?**

The collaborative nature of the Internet and its ability to make changes at a fast rate present unique challenges. For a consumer, it presents a double whammy—not only must the information be scrutinized for such variables as authorship, authority, design, currency, etc., but the content must then be examined.

"The problem, however, is not only with the quality of information on the Internet, but with the quality of information that many patients receive from their physicians... When physicians make a specific point of educating their patients, the need to turn to unvalidated sources decreases and the ability of patients to evaluate outside information increases." (Karen Strauss, *Reflex Symptomatic Dystrophy Network*)

Consumers will continue to flock to the Internet for health information. Despite its drawbacks, the Internet is open 24 hours a day and can be accessed from the convenience of the home. It is the responsibility of health care providers and intermediaries, such as librarians, to assist consumers in locating reliable health information. This is not a new role for librarians—we have always assisted consumers in finding good, up-to-date information, whether it be in print or electronic form. ■



### Author Information

**Susan Murray** has spoken extensively on consumer health information (CHI) to librarians, health promotion workers, and health care professionals. She prepared *Developing a Consumer Health Information Service: A Practical Guide* (1995) and has taught workshops on collection development in the health sciences and consumer health information. Susan has B.A., M.L.S. and M.A. degrees from the University of Toronto. Library. Currently, Susan is the Team Leader of the Consumer Health Information Service (CHIS), a provincial service located at the Toronto Reference Library that assists consumers in locating health information to make personal healthcare decisions. Susan is involved with the ongoing development of the CHIS Web site, as well as suggesting health sites for the Toronto Reference Library's WorldVue electronic information system. She recently designed a virtual workshop on Internet Resources for Health Reference Services for the Ontario Library Association and Southern Ontario Library Service.

### References

1. Brown M. **Consumer health and medical information on the Internet : supply and demand.** New York: Find/SVP, Inc., 1996.
2. Lankford D. Health care moves into cyberspace. **Wichita Bus J** 1997 Jan 3. Cited in: Carroll J, Broadhead R. *Good health online : a wellness guide for every Canadian.* Scarborough, Ont.: Prentice Hall, 1997.
3. Carroll J, Broadhead R. *Good health online : a wellness guide for every Canadian.* Scarborough, Ont.: Prentice Hall, 1997.
4. *Study : some web sites medically inaccurate.* **Med Post** 1997; 33(40):33.
5. Thompson C. *Surfer, heal thyself.* **New Sci** 1997;156(2102):8-19.
6. Murray T. *Reader beware in wild west world of online health.* **Med Post** 1998;34(5):59.
7. Brown M. **Consumer health and medical information on the Internet : supply and demand.** New York: Find/SVP, Inc., 1996.
8. Jadad AR, Gagliardi A. *Rating health information on the Internet : navigating to knowledge or to Babel.* **JAMA** 1998;279:611-614.
9. Parrish, M. *On-line medical advice.* **Am Health** 1996 Oct: 39-41.
10. Horton, R. *Sponsorship, authorship, and a tale of two media [commentary].* **Lancet** 1997;349:1411-12.
11. Mack J. *Quality of medical information on the Internet [letter].* **JAMA** 1997;278:632.
12. Silberg WM, Lundberg GD, Musacchio RA. *Assessing, controlling and assuring the quality of medical information on the Internet [editorial].* **JAMA** 1997;277:1244-5.
13. Murray T. *Reader beware in the Wild West world of online health.* **Med Post** 1998;34(5):59.
14. Ambre J, et al. *Working draft white paper : criteria for assessing the quality of health information on the Internet.* [October 14, 1997 edit date]. <http://www.mitretek.org/hiti/showcase/documents/criteria.html>

# Womens' Health information on the Internet : A New Direction for Consumer Health Information Services

Christine Marton

Ph.D. Candidate, Faculty of Information Studies  
University of Toronto  
tel: 416-978-7099  
e-mail: [marton@fils.utoronto.ca](mailto:marton@fils.utoronto.ca)

## Introduction

Consumer health information can be defined as "any information that a person may need in order to make informed decisions about her health and health care" (1). This information can be used for many purposes, among them: to improve communication with a health professional regarding information received on medication, surgery or a health condition; to provide health information to loved ones; or to further one's knowledge of health issues for the purpose of improved self-care or health maintenance (1, 2).

A common finding in research on library-based consumer health information services is the predominance of female users, over 75% according to research by Marshall (3) and more recently by Pifalo, et al (4). Marshall also noted that over one-third of respondents sought health information at least monthly and that the most popular topics were women's health issues (3).

The Internet, a decentralized, global network of computers, represents the latest communications technology for information transmission. Despite its relatively recent arrival, there is a proliferation of health information sites on the Internet. Health sites on the Internet offer certain advantages to users because they are available 24 hours a day, and they are anonymous and confidential. The Internet has the potential to offer users both social support through computer-mediated communication (e-mail, listservs, newsgroups, chat rooms) and access to a vast amount of health information on ftp, gopher and World-Wide Web (WWW) sites.

The proportion of women on-line has been increasing steadily over the past decade (5). A diverse range of individuals and organizations currently provide health information on the Internet, including women's health organizations, health care providers, government agencies, libraries, and private corporations. Women's health websites often provide both resources on health services and health issues, as well as interactive self-help communities.

This paper provides an overview of Internet-based consumer health initiatives for women. It will compare Internet resources designed by women's groups with those created by government, universities, hospitals and the corporate sector, in terms of the quality and breadth of health information provided. Finally, devel-

opments in website design and implications for the provision of consumer health information will be briefly discussed.

Given the borderless nature of the Internet, it may seem pointless to distinguish between Canadian and international Internet sites. However, health information is contextualized in part by a nation's health care system. Health information is also shaped by a population's geographic location, its language, culture and socioeconomic factors. Internet resources on women's health reflect this diversity. The focus here will be on Canadian content.

## Online Discussion Groups

On-line support communities function as informal networks that provide health information in everyday language. Often, the health information is based on the health experiences of the individuals participating in these on-line discussions. Many participants have experienced a serious condition such as cancer and wish to pass on their personal knowledge on treatment and coping, even when they have recovered (5,6).

Communication on *The Breast Cancer List*, an unmoderated list started by the Atlantic Breast Cancer Information Project, has been studied extensively (7). Participants are mainly women newly diagnosed with, or who have breast cancer, and their loved ones. *The List* provides an opportunity for information exchange and mutual support. The most common requests are for information, particularly on terminology of diagnosis and treatment. Professionals, including scientists, clinicians, and librarians, often help to answer questions posted to *the List*. Many women find their participation empowering because their experiences are validated by others, they are provided with reassurance, and they benefit from access to the accumulation of experience and knowledge. In essence, they are accessing a dynamic database of collective knowledge. At the same time, patients avoid the potential embarrassment of face-to-face encounters where the physical manifestation of their condition and feelings would be apparent (7).

## Canadian Health Websites

In Canada, the development of women's health information resources has been primarily in the hands of public sector agencies

---

***A diverse range of individuals and organizations currently provide health information on the Internet, including women's health organizations, health care providers, government agencies, libraries, and private corporations. Women's health websites often provide both resources on health services and health issues, as well as interactive self-help communities.***

---

including government departments, government-funded women's organizations, universities and hospitals. Interestingly, libraries and consumer health information services have not been key players in this field, although the Consumer Health Information Service in Toronto does offer a number of guides to locating health information by topic. Many of these 'Healthfinders' pertain to women's health issues, including chronic fatigue syndrome, menopause, and eating disorders (8).

### The national scene

In 1996, Health Canada established five Centres of Excellence for Women's Health to "strengthen policy-focused research on women's health in Canada by providing unique opportunities for collaboration among community-based women's health groups, service providers and academic researchers" (9). A key component is The Canadian Women's Health Network (CWHN), an umbrella organization representing over seventy organizations across Canada. The CWHN is dedicated to information sharing, education and advocacy. It seeks to build links between individuals and organizations concerned about women's health across Canada. The CWHN website (<http://www.cwhn.ca>) contains comprehensive links to pages on many women's health topics including controlling fertility, child-bearing, medical and health conditions, aging and women's interaction with the medical system. A quarterly newsletter is available online. Chat groups and an online database are currently being developed (10).

### Provincial websites

Websites constructed by provincial agencies tend to be limited in scope. Often, the website serves to describe the programs and services funded, or provided by, the agency.

For example, the Ontario Ministry of Health website ([http://www.gov.on.ca/health/english/program/whb/whb\\_mn.html](http://www.gov.on.ca/health/english/program/whb/whb_mn.html)) hosts a page on women's health that provides information on government-funded women's health centres, a guide to women's health services in Ontario and links to women's health resources.

University and hospital sites on women's health have a strong research focus. The McMaster Research Centre for the Promotion of Women's Health (MRCPOWH) at <http://www.mcmaster.ca/mrcpowh> and the Centre for Research in Women's Health, University of Toronto, at <http://uttl.library.utoronto.ca/www/crwh/index.htm> provide a description of their research programs and current events. Websites created by hospitals are concerned with providing information on services and research endeavours. The Women's College Hospital site at <http://uttl.library.utoronto.ca/www/wch/index.html> includes a list of resources on women's health and a directory of women's health researchers.

Websites have also been developed by community-based groups to promote their services. The *Original Women's Network, Inc.* at <http://alpha.remcan.ca/abinfohywy/aboorg/own.html> is a Winnipeg-based resource centre for Aboriginal women which offers educational and informative materials on Aboriginal women and their issues. The *Edmonton Women's Health Network* at

<http://www.extension.ualberta.ca/wp/EWHN/res.htm>) is concerned with issues such as literacy and access to local health information.

To date, the most comprehensive and visually appealing Canadian website on health, including women's health, has come from the private sector. Developed by MediaLynx, Sympatico's *Healthy Way* website, located at [http://www.ns.sympatico.ca/Contents/Health/COMMUNITIES/wom\\_com.html](http://www.ns.sympatico.ca/Contents/Health/COMMUNITIES/wom_com.html), provides current information on women's health topics and links to health organizations. An online magazine, the *Health Journal*, and interviews with women's health newsmakers are also available. Users can also access newsgroups, lists, and bulletin boards on women's health, primarily on women's reproductive health issues. While one would expect that a women's health site developed by the private sector would shy away from controversial topics, be prepared for a

surprise. The *Healthy Way* online communities on women's health include discussion groups on controversial topics such as abortion and fetal sex determination.

### Violence against women : an example of topic-specific Internet resources

One of the many, and most serious health issues women face, is violence against women. Several Canadian sites provide resources on this topic. The Royal Canadian Mounted Police hosts

*Family violence—not a private problem* at <http://www.rcmp-grc.gc.ca/html/fam-vi-e.htm>, which describes the societal problem of spousal abuse, the rights of victims and community resources. Health Canada has a national resource centre on family violence, the *National Clearinghouse on Family Violence*, located online at <http://www.hc-sc.gc.ca/hppb/familyviolence>. Telnet access to the Family Violence Resource Collection is provided. Print publications are listed by subject and can be ordered online. The Kitchener-Waterloo Multicultural Centre website on violence against women at <http://www.golden.net/~kwmc/wome.html> provides statistics and links to other sites and services and information, a profile of a batterer, and information on what women and the community can do in this situation. Other informative websites include, the *Centre for Research on Violence against Women and Children* at <http://www.uwo.ca/violence/> and the *Bridges for Women Society* online publication, the *Survivors handbook : a guide to community resources for survivors of childhood and adult abuse*, at [http://www.vvv.com/~careers/Sur\\_Hand.html](http://www.vvv.com/~careers/Sur_Hand.html).

### The U.S. Scene

Health websites in the United States reveal a greater diversity of topics and authorship than Canadian websites, as might be expected because of the greater population size. University libraries play an important role in the provision of health information. Emory University's *MedWeb* at <http://www.cc.emory.edu/WHSC/medweb.html> contains extensive links to health information sites and health professional organizations. The University of Florida Health Science Centre Library has a site on *Women's*

*Health and Research* at <http://www.library.ufl.edu/srchnet/women/>. It provides comprehensive lists of links to government, funding, and research agencies, health associations, and subject guides, e.g. cancer, pertaining to women's health. Recently in the news for winning a Global Information Infrastructure (GII) award, *NetWellness* represents a collaborative endeavour between the University of Cincinnati Medical Center, the Ohio Public Library Information Network, the State Library of Ohio, the Ohio Department of Health and many others. The *NetWellness* website covers women's health topics such as reproduction and breast cancer. The women's health section is located at [http://www.netwellness.org/healthtopics/wellness/womens\\_health/womenshealth\\_frame.htm](http://www.netwellness.org/healthtopics/wellness/womens_health/womenshealth_frame.htm).

Women's organizations are very active in creating health information resources for women. The Feminist Internet Gateway *Women's Health* site at [http://www.feminist.org/gateway/h\\_exec2.html](http://www.feminist.org/gateway/h_exec2.html) provides information on controversial women's health topics. Developed by the Feminist Majority Foundation, the website provides descriptions of agencies fighting for access to birth control and abortion, gay rights advocacy, and AIDS activism. *Melpomene Institute* at <http://www.melpomene.org/> is concerned with the relationship between physical fitness and women's health. Their site contains links to information on eating disorders, reproduction, aging, breast cancer, menopause and race. The Society for the Advancement of Women's Health Research at <http://www.womens-health.org/> is a nonprofit advocacy organization dedicated to promoting the health of women through research. Their site provides links to research on women's health including, cardiovascular disease, cancers (lung, breast, reproductive), osteoporosis, menopause, mental health, eating disorders and sexually transmitted diseases.

Creating an information resource site on the Internet is a time consuming task. Nevertheless, individual women have also created health information resources for women. *Hygeia* at <http://www.hygeia.com/> provides women's health information for both the public and health professionals. The Women's Health Corner at <http://www.geocities.com/HotSprings/Spa/7770/> provides information on a range of women's health topics including, family planning, osteoporosis, depression, mental health, skin care, weight loss, smoking and back pain. These sites are created and maintained by Dr. Debra R. Judelson M.D. and Dr. Joan B. Lehmann, M.D., respectively.

## Current and future developments

With the explosion of health resources on the Internet, two things are becoming increasingly necessary: methods to ascertain the quality of information resources and standards for organizing the chaotic distribution of information on the Internet. Given librarians' expertise in cataloguing, classification and indexing to facilitate the storage and retrieval of information, health sciences librarians have an important role to play in implementing bibliog-

raphic control on the Internet. Working in collaboration with computer engineers and document specialists, librarians can also be involved in the design of electronic indexes and databases (11).

The use of rating scales, instruments which are commonly used to produce the awards and seals of approval found on websites, has been reviewed by Jadad and Gagliardi. They found that rating criteria were not available for most instruments. Also, information on interobserver reliability and construct validity was missing. The authors concluded that many poorly developed instruments exist on the Internet (12). Recently, the working draft of a document entitled

*Criteria for Assessing the quality of health information on the Internet* has been posted at <http://www.mitretrek.org/hiti/show-case/documents/criteria.html>. An Adobe Acrobat PDF version of the document is also available (13).

With the promise of increased bandwidth and the development of databases with a web interface, women's health sites will be able to provide much richer access to health information and greater interactivity. Text-based forms of computer-mediated communication will likely be replaced by videoconferencing, enabling those concerned with women's health issues and research to communicate more effectively over large geographical distances in real time. The Internet will become a medium for both the conduct of health research, through the use of html form-based questionnaires, and the rapid dissemination of current research findings. "The dividing line between professionals and the public is becoming blurred. Anyone now can view research data and become as well informed as the professional or investigator" (5).

Despite the substantial number of women's health information sites on the Internet, there is a lack of research addressing fundamental questions such as: how do women search for health information; what kind of health information do they want; and how do they want it presented? At the other end of the spectrum, those involved in the design of Internet-based health resources may wish to consider conducting an ongoing evaluation of their site. One method of conducting a site evaluation would incorporate the use of html form-based or e-mail based questionnaires which users can complete online. Another approach involves incorporating web tracking software, such as *WWWstat*, on the website. *WWWstat* is Perl-based software that logs the number of accesses to each file on a website hosted on a UNIX-based system and generates a summary in HTML format that can be published on the website. For more information on this software visit the *WWWstat* website at <http://www.ics.uci.edu/pub/websoft/wwwstat/> (14). The technical and ethical aspects of using this tracking software to monitor usage of Internet resources is worthy of discussion.

This paper has described a few of the many Internet resources on women's health. A more extensive list of Internet sites is provided online at <http://homepages.fis.utoronto.ca/~marton/womenhl.htm>. ■

### Author Information

*Christine Marton is a Ph.D. Candidate at the Faculty of Information Studies at the University of Toronto. She has an M.I.S. from the Faculty of Information Studies, University of Toronto, a B.Ed. from McGill University, and an M.Sc. from York University. From 1991-1992 she was the Crew Health Report Co-Editor for the International Manned Mars Mission at the International Space University in Toulouse, France. Her current area of interest is consumer health information.*

### References

1. Jennings K. **Consumer health information : the public librarian's role.** Tulsa, Okla.: Tulsa City-County Library, 1983.
2. Marshall JG, Sowards C, Dilworth EL. *Health information services in Ontario public libraries.* **Can Lib J** 1991;48(1):37-43.
3. Marshall JG. *A development and evaluation model for a consumer health information service.* **Can J Info Sci** 1992;17(4):1-17.
4. Pifalo V, Hollander S, Henderson CL, DeSalvo P, Gill GP. *The impact of consumer health information provided by libraries: the Delaware experience.* **Bull Med Libr Assoc** 1997;85(1):16-22.
5. Wootton JC. *The quality of information on women's health on the Internet.* **J Women's Health** 1997;6(5):575-581.
6. Ferguson T. *Health care in cyberspace: patients lead a revolution.* **Futurist** 1997 Nov/Dec;29:33.
7. Sharf B. *Communicating breast cancer on-line : support and empowerment on the Internet.* **Women Health** 1997;26(1):65-84.
8. Consumer Health Information Service. **Healthfinder**, 1998. <http://www.mtrt.toronto.on.ca/centres/chis/finder.html>
9. Health Canada. **Centres of excellence for women's health program highlights**, 1996. <http://www.hc-sc.gc.ca/datapcb/communc/home/news/centhie.htm>
10. Canadian Women's Health Network. **The Canadian Women's Health Network**, 1997. [http://www.cwhn.ca/broch\\_e.html](http://www.cwhn.ca/broch_e.html)
11. Velluci SL. *Options for organizing electronic resources: the coexistence of metadata.* **Bull Am Soc Info Sci** 1997;24(1):14-18.
12. Jadad AR, Gagliardi A. *Rating health information on the Internet.* **JAMA** 1998;279:611-614.
13. Ambre J, Guard R, Perveiler FM, Renner J, Rippen H. *White paper : criteria for assessing the quality of health information on the Internet*, 1997. <http://www.mitretrek.org/hiti/showcase/documents/criteria.html>
14. Fielding R. **WWWstat : HTTPd Logfile Analysis Software**, 1998. <http://www.ics.uci.edu/pub/websoft/wwwstat/>



# The Need for a National Network of Health Libraries in Canada

Joanne Marshall

Professor, Faculty of Information Studies  
University of Toronto

Toronto, Ontario M5S 3G6

tel: (416) 978-4664 ; fax: (416) 971-1399

e-mail: [marshall@fis.utoronto.ca](mailto:marshall@fis.utoronto.ca)

url: <http://www.fis.utoronto.ca/people/faculty/marshall/>

## Introduction

I have been following with interest the discussions about Jim Henderson's proposal for legislation to support health libraries in Canada and also Jessie McGowan's call for more advocacy for health libraries on CANMEDLIB. I fully support these initiatives and thought it was time to share the following concept paper more widely. The concept paper was first distributed on CANMEDLIB in February 1998.

As the concept paper describes, this idea for a national network of health libraries came out of some consultation that I did for Health Canada in 1995-96. At the time, Health Canada expressed a strong interest in supporting a feasibility study for a network but, in the end, no such study was funded. In December 1997, I submitted the following revised concept paper to Deputy Minister Alan Nymark at Health Canada in the hope that interest could be revived. He responded on February 6, 1998 saying that he was interested to read about the proposal and would ask one of the

Working Groups of the Advisory Committee on the National Health Info-Structure to look at it.

I think that the fact that Jim Henderson submitted a proposal for a legislative approach to building a network around the same time only shows that there is a lot of support from various quarters for such an initiative. My hope is that these two initiatives will be seen as complementary and will, with the support of other individuals and groups, bring us closer to the goal that we all share.

As you read the concept paper, please keep in mind that it is a proposal submitted to Health Canada to obtain their support. As a result, the potential role of and benefits to Health Canada are highlighted. But what is really important here is the concept of a national network of health libraries, which is something that Jim Henderson and I both strongly believe in. How we get there will ultimately depend on the support we can garner from different groups. Let's keep working towards this goal and encourage CHLA/ABSC to lead the way!

## A National Health Library and Information Network for Canada : A Brief Concept Paper

Prepared by Joanne Marshall, Ph.D.

Technical Consultant to the Health Canada Libraries Review

## Background

The Health Canada Libraries Review, which took place during 1995-96, involved a study of the impact of the libraries within Health Canada, as well as key informant interviews with senior officials in the department. The interviews covered a wide range of topics related to health library and information services in the present and future. One of the interviews with Richard Van Loon, then Associate Deputy Minister, resulted in the preparation of a concept paper by Joanne Marshall on the development of a National Health Library and Information Network for Canada (HealthLINC).

The original concept paper was submitted in December 1995 and funds for a feasibility study were allocated to develop the concept more fully in collaboration with various stakeholders and potential partners. After Mr. Van Loon left Health Canada in July 1996 to become President of Carleton University, these funds were re-directed. Although there is continuing interest in the HealthLINC concept by the original group involved in the Health Canada Libraries Review, the group's current efforts are being directed towards internal matters related to the Health Canada Libraries. This concept paper has been revised to reflect current thinking

about the potential of HealthLINC and its relationship to Health Canada's current National Health Info-Structure initiative.

## What is HealthLINC?

HealthLINC is intended to support increased access by health care providers and consumers to high quality print and electronic health information resources by leveraging the substantial investment that has already been made in health libraries by educational institutions, government and health care facilities across the country. Such access is a key element in evidence-based health care, dependent for its evidence on the ready availability of the latest health care research in the form of peer-reviewed scientific literature.

HealthLINC will provide the local access points, through the network of health libraries across Canada, required to achieve equitable access to high quality health information. The network will also facilitate cooperation among the diverse institutions that currently control access to information resources.

Local access points and print collections are particularly important in the present hybrid world of print and electronic health information resources. As technological capabilities grow, Health-

LINC will work with partners to develop leading edge technologies for information access that can be shared nationally. Health libraries can provide not only the access, but also the technical and reference support that information users need to seek and use information resources effectively.

HealthLINC will be a major player in health information policy development at the national level and will complement the efforts of organizations such as the Canadian Institute for Health Information (CIHI), which specializes in gathering health care data for use by policy makers, and the Canada Institute for Scientific and Technical Information (CISTI), which houses an internationally recognized collection of scientific literature and a state-of-the-art document delivery service. HealthLINC will be the facilitating organization that will enhance the ability of the participants to build and share information resources of all types most cost-effectively.

## The Need

Canada has a worldwide reputation for its universal health care system; however the same cannot be said about access to health information. In Canada there is no national network for the coordination and provision of knowledge-based health library and information services. Over the years, the medical school and hospital libraries have done their best to meet local information needs; however the institutional funding of these libraries often makes it difficult, if not impossible, for them to meet the information needs of health care providers and consumers outside their own organizations.

In some local areas, consortia help to meet these needs through resource sharing. In other communities, special services to specific groups or outreach projects have been funded by professional bodies or government grants. Lacking provincial or national network coordination, however, all of these efforts to improve local and regional access tend to be limited in scope, fragmentary and unevenly distributed across the country.

By providing convenient and timely access to the peer-reviewed literature and other sources that make up the knowledge base of the health professions, effective library and information services can improve the quality of health care and reduce costs. Such access can also reduce the sense of isolation of practitioners working outside of major centres.

At a time when there are increasing demands for accountability and cost effectiveness, and when a glut of print and electronic information of varying quality threatens to overwhelm us, the need to provide well-planned access to the best quality information is more important than ever. It is notable that Canadian health professionals have been world leaders in the development of evidence-based practice and the critical appraisal of the literature approaches that rely heavily on library and information services.

## The Comparative Context

Canada's experience stands in contrast to that of the United States where a National Network of Libraries of Medicine (NN/LM) has been supported by the National Library of Medicine (NLM) at the National Institutes of Health in Bethesda, Maryland. NLM is mandated by law to acquire, organize and disseminate the world's health care literature for the benefit of American health professionals, scientists and students.

NLM also supports regional libraries, usually located in a library that serves a medical school, as well as the networking capabilities of libraries in hospitals and other health care organizations. The result is that virtually every health professional in the United States has access to a local health library of some sort, backed up by regional and national resources. NN/LM also plays a leading role in developing electronic databases, training materials, search tools and expert systems.

In England, the Minister of Health and the King's Fund for Health Care Research sponsored a series of conferences on the development of a national health library infrastructure in 1993-94. In January 1995, the Minister appointed a Library Adviser to the National Health Service to make recommendations on building a national health library network.

## The Concept

Health Canada is in a unique position to provide leadership and to partner with other organizations in the development of a national health library and information network for Canada, an initiative that will fill the need for universal access to health library and information services. As direct responsibility for the provision of health services devolves to the provinces, the development of HealthLINC offers Health Canada and other national groups an important national coordinating and support role. Such a network will also strengthen the services that the Health Canada Libraries are able to provide to ministry employees in the National Capital and the regions.

The HealthLINC will be complementary to other national initiatives such as the Canada Institute for Scientific and Technical Information (CISTI), with its national collection of scientific journals and state-of-the-art document delivery systems, and the Canadian Institute for Health Information (CIHI), which provides access to health data and statistics. HealthLINC will also improve access to library collections and services at Health Canada.

The principal areas of activity for HealthLINC will be:

- ensuring equitable access to strong collections of print and electronic information resources through collaboration with CISTI and major academic institutions and health care organizations.
- enhancing the availability of search tools for the health care literature and related knowledge bases by ensuring broad access to a variety of electronic databases and information services.
- developing a national health information technology infrastructure by facilitating access, support and training related to health information resources through existing health library and information services across the country.
- monitoring new developments in the selection, organization, critical appraisal and dissemination of health care knowledge as a basis for the continuing improvement of library and information services.

As technological capabilities grow, HealthLINC will work with partners to develop leading edge technologies for information access that can be shared on a national basis. The timing of the HealthLINC proposal is corresponding with exciting and significant developments in the electronic storage and transmission of full-text documents, making it possible for the network to deliver

not only bibliographic citations, but actual text as well. HealthLINC will ensure equitable access to the best available health care databases and Internet resources from around the world. HealthLINC will also be a vehicle through which Canada can share its own health care knowledge base. HealthLINC may also be the vehicle for funding innovative health informatics research that will lead to improved methods for creating and disseminating information to health researchers, practitioners and consumers.

The key principle of HealthLINC is that it will build on and reinforce the strength of existing health library and information services in Canada. By strengthening the existing network through improved coordination, technological infrastructure, training and resource sharing, HealthLINC will simultaneously improve access and optimize the use of existing resources. Health Canada and its partners will be a catalyst for providing a level of comprehensive library and information services nationally that current budgetary arrangements and jurisdictional mandates at local and regional levels cannot support on their own.

### Steps to Make it Happen

1. As part of the current Health Info-Structure initiative, identify a team of individuals to refine the vision for HealthLINC.

Consult on the vision with a small group of key individuals in Health Canada, the Canadian library community and other appropriate organizations.

2. Discuss the concept with potential stakeholders and partners including other government agencies, professional associations such as CHLA/ABSC and granting bodies.
3. Explore the experiences of other countries, in particular the United States and the United Kingdom, in organizing national networks of health libraries. Explore Francophone initiatives in this area.
4. An important part of this process will be a national conference that will bring together the key stakeholders, international representatives and potential participants in the network. The results will be published and circulated for comment as part of the planning process.
5. Based on the data gathered in steps 1 to 4, develop a detailed proposal for the HealthLINC. The implementation plan will identify core activities and services and set priorities for additional services based on input from potential participants and partners. ■

### Author Information

*Joanne Marshall joined the Faculty of Information Studies (FIS) at the University of Toronto in 1987 after completing her PhD in Community Health. She also holds a Master of Health Science Degree from McMaster University and a Master of Library Science degree from McGill University. In addition to her position as a Professor at FIS, Joanne holds cross appointments in the Centre for Health Promotion; the Institute for Human Development, Life Course and Aging; and the Department of Health Administration at the University of Toronto. Her current research interests include: health information needs and services; evaluation of library and information services; technology and the aging workforce; and competencies of library and information professionals.*

---

---

## PROGRAM DESCRIPTIONS

---

---

### BC Cancer Agency Libraries/Cancer Information Centre : How to Develop and Manage a Website

David Noble  
Libraries/Cancer Information Centre (CIC) Leader  
BC Cancer Agency  
600 West 10th Avenue  
Vancouver, British Columbia V5Z 4E6  
e-mail: [dnoble@bccancer.bc.ca](mailto:dnoble@bccancer.bc.ca)  
url: <http://www.bccancer.bc.ca/>

#### Background and Introduction

An outcome of organizational assessment and redesign of the BC Cancer Agency (BCCA) was the realization that the Agency needed to move towards paperless dissemination of cancer information to patients, the public and health professionals in British Columbia. This was to be achieved through the development of a BCCA website—<http://www.bccancer.bc.ca/>

The Agency Libraries/Cancer Information Centre (CIC) department/process was considered the most appropriate to take on the coordination of the BCCA website. A multi-disciplinary advisory committee—the Website Coordinating Group (WCG)—was formed. Under the chairmanship of the CIC Leader, a 0.5 FTE technical webmaster consultant and a 0.5 FTE librarian were recruited, and various BCCA cancer manuals and other information were mounted on the website. Website development standards were created by the WCG and a 1997 Website Statistical Report was issued. [http://www.bccancer.bc.ca/1997\\_stats\\_toc.html](http://www.bccancer.bc.ca/1997_stats_toc.html) Various Agency processes were set in place to create, revise and post website information. Future plans for the website include mounting cancer statistics, a high school level cancer curriculum file and the BC Cancer Agency library catalogue.

#### Suggestions for Developing a Website

We have found the following elements to be important in creating our website:

- The organization's top executive must come to realize that electronic dissemination of information to its users and clients, rather than paper dissemination, represents the future, and that a website to provide electronic access to information must be funded as part of the organization's vision. If all public, community health professionals and hospitals are not connected to the Internet now, they will need to be in order to access health information by the next millennium. "Build it and they will come".
- Lobby for the librarian to be involved from the beginning as developer and coordinator of the website. Librarians are the most highly trained experts in information retrieval and dissemination in your organization. Call in support of this concept from your primary library users.

Form a website development committee/coordinating group, including the librarian, webmaster (a staff or consultant web technical expert), and representatives from information systems, education department, public relations and importantly, health professionals in your organization with an abiding interest and knowledge in the Internet.

- Obtain organizational guarantees of funding required to build and maintain the website. Recommendations from a multi-representative website committee will be listened to.
- Develop guidelines for a Request for Proposal (RFP). Scope of content of the website, HTML format exported from current word processor software, look and feel of website, etc.—it is important for your committee to have a clear idea of what the objectives of the website will be, and who will be the expected users.
- Initiate an RFP to companies involved with website development. Often, lower bids are received from young, talented companies who wish to build their reputation; however, don't discount higher priced proposals based on cost alone. Ask to see examples and referrals from customers of previous websites.

#### Website Maintenance

It is not feasible for a single institutional process or department to have the responsibility of both overall management, and creation and revision of the information on the website. There should be a clear understanding from the outset that overall responsibility of the coordination and maintenance of the website falls to the Library/Information Centre process with support from the WCG. However, the creation and revision of website information is clearly the responsibility of the department which originated or created the database or information file.

From time to time the WCG will form a subgroup to review the currency and appropriateness of the databases and files residing on the website and advise removal of information not accessed, or revision of dated information. BCCA uses an external website provider to avoid potential firewall breaches. As part of their website fees, the provider includes a website statistical package used to evaluate file access. Files not accessed sufficiently may be subject to deletion or revision. It is important that website use is

evaluated at least annually for cost/benefit reasons like any other program.

## Roles and Responsibilities

**Library/Information Centre Leader:** Provides overall coordination of the website (sets budget, works with the coordinating group to set objectives and strategic plan); works with groups wanting to add information to the website; supervises webmaster; chairs the coordinating group; answers questions/repplies to comments left on the website.

**Webmaster (Consultant):** Provides overall technical expertise for the website; trains secretaries in the preparation of documents, manuals and information according to templates (e.g., conversion to HTML from word processing using pre-developed document templates employing heading levels); arranges for archiving of clinical information (revised clinical information must be archived to record managed care recommendations over time); in consultation; ensures necessary links amongst Agency documents and manuals on the website; monitors the website and answers website-related technical questions.

**Website Coordinating Group:** Advises in the strategic planning and over-all coordination of the website; sets standards for website file development and revision; monitors and evaluates the effectiveness of the website; works with the committee leader and webmaster in creating the annual statistical report of the website.

## Concluding Comments

In summary, there are a few recommendations which come to mind in developing and managing a website:

- Involve the librarian from the beginning in developing and maintaining your website. The Library/Information Centre is your organization's process with the most expertise in information dissemination where user friendly presentation of information is clearly understood.
- Include in your website coordinating group: the librarian (preferably as chair), people involved in education, information systems, public relations and Internet 'buffs'.
- Make sure your institutional executive realizes that electronic solutions to information dissemination such as a website are a necessity, and represent the future in health care. This acceptance of the vision will ensure funding.
- Separate responsibilities. Centralize overall coordination and webmaster function but place the responsibility of revision of the website content on the process or department that has created it.
- Ensure website documents are submitted in correct HTML format by being involved, via your webmaster, with initial training of secretaries in HTML compatible software.
- Evaluate your website use at least annually, and delete/revise files not accessed.
- Report your website successes through an annual website statistical report, which is sent to members of your institution's executive.
- Make your Internet files available inside your fire wall via an intranet for rapid access to needed information by your institution's staff.

With the approach of the next millennium, being involved with our institution's website development and maintenance adds an exciting dimension to the librarian's usual role as a leader in, and a provider of information. ■

## The Family Information Library : The Children's Hospital of Winnipeg

Liz Price

Coordinator, Children's Hospital Family Libraries  
The Children's Hospital of Winnipeg  
CK204 - 840 Sherbrook Street  
Winnipeg, Manitoba R3A 1S1  
e-mail: [lprice@hsc.mb.ca](mailto:lprice@hsc.mb.ca)

## Introduction

In the early 90's, family resource libraries were emerging in the United States, with a few in Canada. At the Winnipeg Children's Hospital, the Multidisciplinary Patient Education Committee felt that a resource centre for families that would provide information about their children's health was not only needed, but absolutely necessary.

The hospital already had a recreational library that provided age-appropriate books, magazines, comics, and audio and videotapes for the patients. Medical, nursing and allied health libraries, housing information for professional staff and students, were also available at the Health Sciences Centre Campus, where the Children's Hospital is located. The Committee surveyed physicians, nurses, allied health staff and parents to assess the need for a family

resource centre that would provide pediatric health information at the lay level. The response was overwhelmingly in favour of such a project.

Only one out of 110 responses cited the danger of providing medical advice without medical expertise. The Committee, however, knew that this was not the function of the library. Rather, in order to enhance the parent-professional relationship, the library would educate and inform families. We wanted to open lines of communication between parent and professional, and we believed this could be more readily accomplished if families were educated about their children's health.

In September 1991, Children's Hospital Administration accepted a formal proposal for a resource library. Over the next year and a half, issues surrounding budget, terms of reference, standards, and policies and procedures were negotiated and finalized. Fundraising commenced. The library operates solely on gifts and



grants. We accessed funds from the Children's Hospital Book Market (a local guild-affiliated fundraising endeavour that sells used books to raise money for research and patient care at Children's Hospital), The Winnipeg Foundation, McDonald's Restaurants of Canada Limited, and The Junior League of Winnipeg.

The physical location of the library was the next concern. As in any institution, space is at a premium. We were lucky to find a mezzanine accessed through the second floor of the hospital. This is the level where allied health services are located (the Child Life Department, Physiotherapy, Occupational Therapy, Schoolroom, Child Development Clinic, Ear, Nose and Throat Clinic). On the main level of the hospital is the outpatient clinic, while the third, fourth and fifth floors are the in-patient wards. A perfect location in the midst of, and accessible to everyone.

Next, volunteers were recruited and trained. Without these people, the library simply could not exist. In the last year, out of the 850 hours that the library was open, volunteers worked more than half that time, about 450 hours. They truly are the heart of the library.

The Children's Hospital Family Information Library opened its doors on May 20th, 1993. All of the hard work had paid off and the newest addition to the Children's Hospital family had arrived.

## Program Description

With the belief that parents need and want an understanding of their children's growth, development and medical conditions, we have established a collection of materials related to children's health. As previously mentioned, this collection is at the lay level, and supports and supplements information provided by health care professionals. When the library opened, there were about 200 items in the collection. Presently, there are about 2,000 books with a separate collection of approximately 100 French materials. Winnipeg has one of the largest French speaking communities in Canada outside of Quebec. Children's Hospital, as the only pediatric hospital in the province, has a mandate to provide service in French. About 200 videotapes are also part of the collection. Besides materials on specific diseases, there are extensive collections on death and dying, parenting, and normal growth and development.

Valuable sources for selecting material were the staff at the hospital, The Consumer Health Information Sourcebook (1), and other family resource centres.

To ensure facts are current and accurate, all material is reviewed by a health care professional before being placed in the collection. However, we did run into a problem with this policy. When health personnel were asked to review controversial materials they would not recommend them. Yet we had parents, especially the families of cancer patients, requesting this information. The Library Advisory Committee agreed that we should be providing this information, and obtained permission from the Child Health Program Management Team to house controversial information. We felt if patients and their families really wanted this information, they would obtain it anyway. At least, we could attempt to ensure that the information they obtained was current. At this point, we also

added a disclaimer to all of the materials housed in the library, not only the controversial ones.

The Family Information Library also maintains a pamphlet clearinghouse for the entire Children's Hospital. Presently, the clearinghouse contains about 750 pamphlets covering asthma and allergies to vaccinations, and accident prevention to substance abuse. All pamphlets go through the same review process as the books, and are reviewed every few years to ensure accuracy and currency. Any Children's Hospital staff can order the pamphlets they require through the library.

The Family Information Library, as a resource for the entire Children's Hospital catchment area, mails and sends by fax material to Northern Manitoba, Northwestern Ontario and the Keewatin District, and Northwest Territories. We have also sent information to nursing stations on reserves.

We have recently gained access to the Internet. In addition, we have just obtained funding from the St. John's Guild for an Internet workstation for families to access children's health information. This workstation will also be available to inpatients who would like to communicate with other children with similar health issues.

## Outcomes

The library is presently open 17 hours per week, about 850 hours per year. In the last year, we were visited by 367 staff members, 58 students and 480 families, and had almost 60 requests from other facilities. About half of our users were from outside of the Children's Hospital.

Every year we mail out brochures and posters to pediatricians and family practice clinics in the catchment area. As a result, we find that more and more physicians are referring their patients to the library and calling for information.

In a random user survey completed two years ago, where 60 families were polled, 62% stated that the information that they received was very useful, 32% found it somewhat useful, while 6% found it not useful. The comments were extremely positive, ranging from "Excellent service" and "We found it most useful—materials we read helped explain medical terms used by doctors", to "Having access to professional literature on our child's illness was extremely useful not only in understanding that illness and our role in the recovery process, but also in getting the most from discussions with the medical personnel involved". Many respondents wished that the library hours would be extended. If and when funding increases, this will happen.

## Conclusion

We have come a long way. The library has become firmly established as a necessary component in providing family centered care with the most important commodity of all in mind—the children in hospital. ■

## References

1. Rees AM. *Consumer health information sourcebook*. 4th. ed. Phoenix: Oryx Press, 1994.

## The Health Connection Resource Centre

Judy Kirton

Rockyview General Hospital

7007 - 14 Street S.W.

Calgary, Alberta T2V 1P9

tel: (403) 541-3488 ; fax: (403) 541-3486

e-mail: [Judy.Kirton@crha-health.ab.ca](mailto:Judy.Kirton@crha-health.ab.ca)

### Introduction

The Health Connection is a lending library with the mandate "health promotion through health information". In addition to providing educational support to persons with acute or chronic diseases and disabilities, information is available on health promotion and injury prevention. Dedicated to a self-care model of health awareness, The Health Connection encourages individuals to take a proactive approach to wellness. We provide comprehensive medical and health information to patients, staff and members of the community, empowering them to make informed decisions about lifestyle and other health concerns.

### Program Description

In April, 1998, we celebrate our facility's tenth anniversary. For some of those years, we enjoyed our own space in the hospital but recently returned to shared premises with the hospital library. Although the hospital library only lends to staff, the patients and their families who are comfortable with medical terminology appreciate the availability of, and access to a comprehensive selection of materials. From a staffing perspective, the single location works well, too; both libraries are 'manned' without interruption during operating hours.

Original funding was provided by the hospital auxiliary, an oil company, and a private family foundation. These donation dollars were used for the initial three years to establish the core collection, obtain the necessary office supplies, and fund two job-sharing co-ordinators and a part-time library technician. Details of the library collection were the responsibility of the technician in consultation with the hospital librarian. The overall operation of The Health Connection was supervised by the head of the Education Services department.

Changes in healthcare have been ongoing and The Health Connection is no exception. Today, this facility resides under the umbrella of Education Services within the Calgary Regional Health Authority (CRHA). The Acute Care Director of Library Services is directly responsible for The Health Connection; she, in turn, answers to the Administrative Leader, Education Services, Acute Care, CRHA. At one point, there was a staff of four part-time health promotion co-ordinators and two part-time library technicians. We hoped to have more than one facility based in three different venues: a general collection here in the Rockyview; a heart health, fitness-focused (including workplace fitness) resource centre at the Holy Cross Hospital which has since closed; and a collection with an older-adult dimension at the Colonel Belcher Hospital (now a long-term care, veterans' residence). In relatively short order, the second and third concepts and their

related staff members were eliminated. For a short time, the older-adult resources and two, part-time staff were incorporated into the general Rockyview collection.

Currently, sole responsibility for the overall management/co-ordination of The Health Connection is assumed by a nine-tenths library technician with the support of two full-time hospital library technicians. Her duties include circulation, collection development, volunteer supervision, policy and procedure maintenance, and reference.

A recent directive from CRHA administration expanded the concept of The Health Connection into each of the three hospital libraries within the acute care sector. Staff at all sites are working hard to make this happen. Hopefully, all three will soon be fully operational.

Today, healthcare consumers are told they must assume responsibility for their own wellness, and they are demanding access to quality information. Material for the layperson has proliferated in the past ten years. Within limited means, The Health Connection attempts to remain abreast of new, quality resources to acquire for its patrons. The collection runs the gamut from fitness and nutrition through death and dying. Pregnancy/childbirth resources are heavily used and major issues addressed are heart health, gastrointestinal disorders, Alzheimer's disease, fibromyalgia and, of course, cancer.

We have a non-circulating reference collection of approximately fifty items, about the same number of audiotapes, and an integrated collection of approximately 2000 books and videos. Subscriptions to over a dozen newsletters (Mayo, Harvard, Johns Hopkins, etc.), a stand-alone and a searchable health information database, and increased use of the Internet round out the services we provide to our patrons.

People are encouraged to visit the library in person whenever possible. Operating hours are Monday through Friday, 8:00 a.m. to 4:15 p.m. We request an annual five-dollar user fee for borrowing privileges. Staff and inpatients have free access to the collection.

Referrals to our service come from doctors and other healthcare professionals, other libraries unable to meet the health information needs of clients, various organizations devoted to specific conditions or diseases (heart, lung, diabetes, Crohn's, etc.) and, of course, word-of-mouth. High school and other students find our collection very useful for papers and presentations.

Most of the reference questions addressed to us are not unusual. Sometimes, however, patrons want to know about a rare, or unusual condition or diagnosis. There was a time when such questions received modest answers. Today, through the Internet and networking with organizations like the Canadian Organization for Rare Disorders (CORD), patrons can be assured of more information than ever before.

At the moment, we do not have terminals in The Health Connection for end-user searching. We will perform searches for patrons without Internet access; for those with Internet access, we share information on how to find reliable websites.

## Discussion

What does the future hold in store for facilities like The Health Connection? Healthcare funding is hard to predict. With all the insistence that we must take responsibility for our own health, one

hopes that the availability of the necessary information with which to do so will continue. Today, our library functions within the acute care sector of CRHA. It needs to continue in this milieu to meet the needs of patients and their families coping with the health issues that bring them to a hospital.

There is also a real need to have health promotion, wellness, and disease/injury prevention information readily available within the community, accessible outside of regular office hours. This need remains unaddressed. ■

## The Health Line

Kevin Wilson

The Health Line

Alberta Centre for Well-Being

3rd Floor, 11759 Groat Road

Edmonton, Alberta T5M 3K6

e-mail: [outimage@compusmart.ab.ca](mailto:outimage@compusmart.ab.ca)

## Background

The Health Line was implemented through a joint initiative of five local agencies. Representatives from the Edmonton Board of Health (EBH), Alberta Alcohol and Drug Abuse Commission (AADAC), Community Connections, Alberta Health Mental Health Division and Edmonton Family and Community Services (EFCS) pooled resources to start a basic consumer phone-in information service.

## Program Description

Initially manned by volunteer operators, The Health Line could be accessed by anyone with a telephone. Consumers with concerns could call in, request a message and an operator would then plug in the correct tape. While the general focus of The Health Line has remained constant over the past 13 years, its infrastructure has evolved substantially. Now fully automated, all 300 plus messages are recorded on a computer hard drive which can be accessed by touch-tone phone. By calling (403) 453-8659, consumers are directed by voice prompts to select individual messages using the number pad on their phone.

Each message runs between three and seven minutes in length, offering basic, factual, Canadian-based health information. Messages deal with over 20 different general categories including osteoporosis, reproductive health, abuse and assault, physical fitness, life on the street, mental health, hereditary diseases and more. While this service was originally set up to serve the Edmonton Capital Health Region, negotiations are presently underway to implement a toll-free line. This will eliminate long-distance charges to consumers regardless of where they are calling from in Alberta.

When people phone in, they are greeted with a brief introduction to the system, and then provided with step-by-step instruction on how to proceed through this interactive information service. By dialing the corresponding 4-digit code of the desired message topic, system users are quickly linked to their message of choice. They then remain on the line for the duration of the message.

For the most part, The Health Line messages were compiled by health care practitioners and University of Alberta students (with direction and support from practitioners). Whenever possible, collaborative efforts ensure validity, reliability and up-to-date information is made available through The Health Line. For example, messages dealing with reproductive health were proofed and edited by either Planned Parenthood or the Birth Control Centre, and messages about substance abuse were proofed by AADAC (Alberta Alcohol and Drug Abuse Commission).

In order to ensure that information remains current, The Alberta Consumer Health Information Society (ACHIS) Board of Directors has declared a general two to three year cycle for the messages. If and when necessary changes are brought to our attention, amendments are made. Because a complete overhaul would be a time consuming and expensive, every effort is made to do this as a system review versus message by message.

## Internet Accessibility

In an effort to increase accessibility, The Health Line registered with Edmonton Freenet in the early 90's and has since continued to offer online access to all message transcripts through this venue. Although providing the public with our information on the Internet is a functional solution, the process of doing so has not been simple. The Health Line has recently initiated exclusive website development under the home page address <http://www.thehealthline.com>. It is anticipated that as information continues to be made increasingly accessible through the World-Wide Web, a large percentage of the population will prefer to go online to seek answers to their health-related questions. With dramatic growth in use of Internet services, The Health Line - ACHIS recognizes the need for timely introduction of Internet homepage development. With this in mind, considerable resources have been invested in developing an Internet site that is informative, current, interactive, interesting and easy to use. The Health Line - ACHIS is presently working in partnership with Strathcom Media Inc. to develop this site with links to as many other agency websites dealing with health promotion and health information services as possible.

This is not to say that the telephone service will become obsolete. In fact, many health care professionals feel that the telephone will, in many cases, continue to be the fastest, and easiest vehicle for getting this type of information. Certainly, based on current statistical use of the Internet, and ownership of personal computers, a significant percentage of our communities are still without a home computer. Also, as our population continues to age, many seniors do not have online access through a home computer.

## Conclusion

As we approach the millenium, evolution of communication channels will be necessary in order for The Health Line to meet the changing health information needs within our communities. The province-wide 1-800 line, website development and continual message review and enhancement are at the forefront of these necessary enhancements. ■

## Information Services for Cancer Patients and Family Members in Alberta : A Collaborative Project Involving Volunteers, Nurses and Library Professionals

Linda Harris

Medical Librarian, Cross Cancer Institute  
Abdul Khaliq Library  
11560 University Avenue  
Edmonton, Alberta T6G 1Z2  
tel: (403) 432-8593  
fax: (403) 432-8886  
e-mail: [linda.harris@cancerboard.ab.ca](mailto:linda.harris@cancerboard.ab.ca)

Dean Giustini

Medical Librarian, Tom Baker Cancer Centre Library  
1331 - 29th Street NW  
Calgary, Alberta T2N 4N2  
tel: (403) 670-1765  
fax: (403) 670-2326  
e-mail: [giustini@acs.ucalgary.ca](mailto:giustini@acs.ucalgary.ca)

## Introduction

In 1996, the Alberta Cancer Board (ACB) established the Community Cancer Network (CCN). The objective of the CCN is to bring cancer treatment, prevention, screening and palliative care closer to Albertans, especially those in rural areas. Edmonton's Cross Cancer Institute, and Calgary's Tom Baker Cancer Centre, remain tertiary care centres for cancer treatment and support in Alberta, but wider access for all is our healthcare goal.

ACB's two medical librarians—one at the Cross Cancer Institute (CCI), and one at the Tom Baker Cancer Centre (TBCC)—strive to offer information services for patients and their families in both cities, as well as those in Alberta's regional and community cancer centres. The librarians divide their responsibilities equally: all points north of Red Deer are the purview of Linda Harris in Edmonton, and those south of Red Deer belong to Dean Giustini in Calgary. Our information service is a cooperative venture, and we try to look beyond our geographic boundaries to fulfill our mission.

Both librarians in Edmonton and Calgary are also actively involved in website development, which is seen as an important future service to patients within the province, and beyond. The librarians are listed as the 'point of first contact' on the website for those interested in learning about the Alberta Cancer Board and cancer care in the province. The ACB website goes public sometime in 1998.

## Edmonton's Cross Cancer Institute, Cancer Information Centre

Time. Commitment. Energy. Teamwork. Heart.

That's what it took, after 2 years of planning and discussion, to open the Cross Cancer Institute's Cancer Information Centre (CIC), a lending and information/referral resource centre dedicated to cancer patients and their families/friends.

The CIC has a collection of over 700 items for loan, including books, audiocassettes, videos, compact discs and pamphlets for laypeople. Information about different cancers and treatment, as well as inspirational stories by cancer patients on how to cope are among the resources available.

The Cancer Information Centre officially opened on March 4, 1996, and continues to be well-utilized and an important component of the patient education programs at our institution.

## The CIC Mission

- To promote wellness and enhance the care of cancer patients and their families by offering information services to assist in making informed health care decisions.

## Background

Historically, our Volunteer Services Department maintained a small collection of inspirational/coping books and audiotapes,

which patients borrowed. This collection was outdated, rarely-used, and needed a librarian's attention. As the CCI redevelopment project began in 1990, these materials were stored in boxes, and no one had access to them. Basic cancer information was provided in the way of pamphlets, or information requests were referred to other sources.

As renovations progressed, a patient resource centre was proposed and planning began. In 1994, a planning committee of representatives from the Library, Nursing, Social Work, the Canadian Cancer Society, Pastoral Care, Volunteer Services, and even some patients, was struck to gather information and resources necessary for a patient resource centre.

The patient resource centre was envisioned and developed as a Volunteer Services program, and thus would be staffed by volunteers. Two coordinators (the CCI Librarian and the Volunteer Services Coordinator) would manage overall operations.

Since the Abdul Khaliq Library—the CCI's library for health professionals—did not have space to house patient materials, and since the location was not easily visible or accessible to patients, another site near a patient area was chosen.

The CCI Volunteer Association agreed to support the resource centre financially, so the Planning Committee drew up a budget of \$20,000. This start-up included furniture, equipment, computer software/hardware, supplies and patient materials. The CCI Librarian was responsible for developing policies and procedures for collection development, reference and information referral, cataloguing and technical services—professional expertise which everyone on the Planning Committee agreed could be found with the Librarian.

Patient materials had to meet established selection criteria, and go through a formal review process, including carrying a disclaimer approved by the legal counsel of the Alberta Cancer Board.

The CIC is blessed with a wonderful and dedicated group of volunteers, some of whom are cancer survivors themselves. CIC volunteers are selected for their interpersonal and communication skills, maturity, supportive and listening skills. They work independently (although one of the Coordinators is just a phone call away) and have basic computer skills. A one-year commitment is required, as training takes some time. Volunteers are encouraged to assist and support those seeking information from CIC's collection, but under no circumstances do they give advice to patients. This is made clear in the training period.

Patient requests requiring librarian expertise are referred to her for consultation, or to another appropriate health professional, or agency. Linda Harris, Medical Librarian, provides more in-depth information for patients in the form of literature searches, journal locations and website recommendations. Requests from those outside the Centre are referred to the Canadian Cancer Society's new information line in Regina at 1-888-939-3333.

### **Snapshot of the Cancer Information Centre, Cross Cancer Institute**

**Hours:** 9:00 a.m. to 4:00 p.m., Monday to Friday excluding holidays.

**Staffing:** the Centre is staffed by volunteers who work either a morning shift (9:00 to 12:30) or an afternoon shift (12:30 to 4:00) once a week.

The Cancer Information Centre is one of many volunteer programs managed by a Volunteer Services Coordinator; the Medical Librarian considers her role of Coordinator of the Centre as a volunteer role as she is the sole staff member in the Abdul Khaliq Library and this position is very much a full-time position.

### **Who can use the Centre?**

Cancer patients, their families/friends; staff and volunteers of the Alberta Cancer Board.

The Cancer Information Centre uses *Athena*, a networked Windows-based catalogue system produced by Nichols Advanced Technologies. (note: the Abdul Khaliq Library uses DRA through the NEOS library consortium).

### **Information/referral requests**

March 1996 to February 1997: over 500 telephone requests and over 5,000 visitors.

### **Circulation**

April 1997 - March 9, 1998: 3,975.

### **Number of patrons on file**

1,591 (if a patron has not borrowed anything in one year, the name is deleted from the system).

### **Number of titles**

726 (includes books, videos, tapes, compact discs).

### **Number of copies**

1,018.

## **Calgary's Tom Baker Cancer Centre, Patient Education Library**

The Tom Baker Cancer Centre's Patient Education Library is a vital, and increasingly well-regarded component of patient care in Calgary, and throughout southern Alberta. Through word of mouth, referrals and reputation, cancer patients come from across the city, and parts south, to access the many helpful resources. Family members and friends, as well as the general public, have free access to materials, at the librarian's discretion.

The TBCC Library houses all patient collections, as well as professional materials, so theoretically a seamless delivery of information is provided, from the most rudimentary information to top-level research—all in-house. The Patient Collection now encompasses more than 350 books and reference materials, 100 or more pamphlets and as many videos and audiotapes. A number of reference materials and website guides are also available to help bolster the scope of onsite materials.

Most importantly, direct librarian-contact with patients means that an information professional is involved with front-line care. This benefits both the patients and the library itself, in terms of its profile in the Centre as well as its long-term viability as a resource for patients.

### **The TBCC Patient Library Mission**

- To empower patients and to involve them directly in decision-making about their care, and to provide resources to all professional groups for improved patient awareness and coping skills.

## Background

The Tom Baker Cancer Centre Library opened in the mid-1980s at the Foothills Medical Centre. Though difficult to find, patients have sought the library out since its inception. It was not until 1993, however, that patient materials were recognized as critical to informing patients, and a budget of \$2500 was allocated for new materials.

Plans to move the Patient Education Library to a more prominent location within the Centre have been afloat for more than 10 years. In 1997, concrete plans were drawn to expand cancer services in Calgary, and to expand library services. The new library is scheduled to move to a more accessible mainfloor location in the year 2000, and features a new, improved area for materials and study.

Over the past five years, there has been an incredible surge in interest in patient materials at the TBCC. In the past, patient teaching was carried out on a one-to-one basis with nursing staff, or with physicians. In 1996, the oncology nursing staff went to group teaching for patients, covering such important items as cancer treatment, chemotherapy drugs, side effects as well as nutrition, psychological issues and staying healthy and coping during treatment. The Library was directly involved in assisting in these sessions, and whether it was providing materials for display or loan, or giving presentations, there was an ongoing library presence in group teaching.

Another area that has been exploited fully by the librarian is the involvement in a number of patient education initiatives. In 1995, the librarian was involved in the creation of a patient education computer module, which serves as a teaching aid for patients undergoing radiation therapy. A number of in-house patient materials have been edited by the librarian to reflect the expertise brought to the organization of information, and the awareness of patient needs.

## Snapshot of the Tom Baker Cancer Centre, Patient Education Library

**Hours:** 8:00 a.m. to 4:30 p.m., Monday to Friday, and by appointment.

**Staffing:** the Library is staffed by one librarian, and a group of volunteers assist the librarian in processing, shelving and making accessible patient materials.

### Information/referral requests

January to December 1997: more than 2100 visitors, and 700 phonecalls.

### Circulation

January to December 1997: more than 1200 patients on file, and more than 2100 books, videos and audiotapes signed out. In addition, more than 6000 pamphlets were used in clinics, public areas and group teaching. ■

## Patient and Consumer Health Centre

Dixie Fulton Williamson

Health Sciences Library

Saint Thomas Health Services

Box 380, Nashville, Tennessee 37202-0380

tel: (615) 222-6892 ; fax: (615) 222-6765

e-mail: [dwilliam@stthomas.org](mailto:dwilliam@stthomas.org)

## Introduction

The Julius Jacobs Health Sciences Library proposed to establish a Patient Education and Consumer Health Information (PEACHI) Centre. We hoped to support Saint Thomas' patient education efforts and wellness programs by providing information resources for patients and visitors.

## Program Description

Saint Thomas Health Services in Nashville, TN is a 541-bed acute care facility with a nationally recognized cardiac program. Saint Thomas has expanded beyond the hospital by including physicians' practices, establishing healthcare clinics throughout the region, and participating in joint ventures with other area hospitals. The Julius Jacobs Health Sciences Library, located at the hospital, supports the educational, clinical, research and administrative activities of the organization. The Library is staffed by 3 full-time employees, 1 part-time employee, and 2 to 4 volunteers.

The Library conducted several needs assessments of patients and the medical staff. Overall there was a positive response to the

idea of an information service for patients and visitors. The Library submitted a grant proposal to a local foundation. Although it did not receive the funding, a second attempt through hospital administration was successful. The submitted budget was under \$11,000, plus capital expenses for a security system, computer, and InfoTrak's *Health Reference Center*. Saint Thomas Health Services Volunteers provided funds for a toll-free telephone line, promotional brochures and equipment. Since funding did not include hiring personnel to staff the centre, the Library recruited volunteers through the Saint Thomas Health Services Volunteers Office.

As the idea of the Centre was developing, the acronym PEACHI emerged. Employees still refer to the Center as PEACHI although the Communications Department advised changing the name so its role would be more obvious to visitors. The name Patient and Consumer Health Centre appears in the brochure and other formal communications.

The Library converted its Study Room (130 square feet), conveniently located near the family waiting room, to house the Centre. A small collection of reference materials, videotapes, an inventory of in-house patient education materials, and access to

Ovid's Medline, Internet, Microsoft Office and a catalogue of these holdings, are located there.

In October 1997 there was a three-hour training session for the volunteers. Four out of the five original volunteers attended. The Library staff conducted the training with the help of other hospital staff members. The orientation covered various topics including a Saint Thomas patient profile, physician's perspective, principles of providing information services, interpersonal skills, resources to help answer questions, literacy levels and policies and procedures. The session was videotaped for future recruits. The volunteers also received 'on-the-job' training to learn how to use the centre's resources and computer system. The volunteers are usually able to handle visitor requests, but some requests require additional help from the Library staff. When the centre is not staffed by the volunteers, library personnel are available to answer questions. Activities of the Centre also involve work with the Patient and Family Education Committee, which the Library supports.

Hours of the centre's operation are Monday through Thursday 10:00 a.m. to 12:00 noon and 1:00 p.m. to 3:00 p.m. The Library developed a brochure for the Centre, which is distributed by the volunteers. Articles have appeared in various in-house publications. Library staff has attended various meetings such as Nursing Management Council and medical resident orientations to publicize the centre.

## Outcomes

Since opening in early November 1997, the Centre has averaged twenty requests per month. Responses to follow-up questionnaires have indicated that clients were pleased with the service and that they learned more about their illness. The Center is still underutilised. Publicity of the Center's services is ongoing.

## Discussion

Having the Centre has been a positive experience. It has also taught us several lessons:

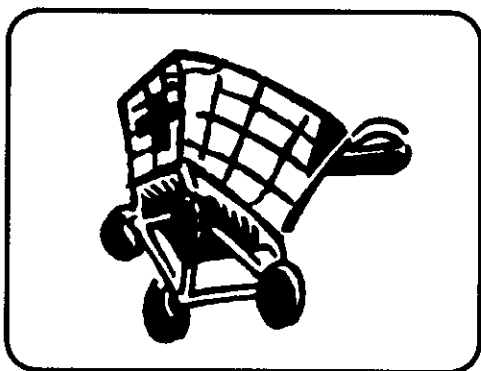
- Writing the grant proposal was good experience towards requesting the funds through hospital administration.
- Volunteers are a great resource for such a service—they are eager to help.
- The Library staff has cross-trained volunteers to work in the main Library, since 'business' is sometimes slow in the Centre.
- Having an ongoing plan for publicity is essential.

As with other services, the Centre continues to evolve. With a modest beginning, we have been able to develop more solid plans for the future. ■



## Consuming Health Information

Susan Murray



Susan Murray is Director of the Consumer Health Information Service, Metropolitan Toronto Reference Library. Comments and suggestions can be directed to:

Susan Murray

E-mail: [smurray@mtrl.toronto.on.ca](mailto:smurray@mtrl.toronto.on.ca)

*For this issue, Susan has compiled an annotated bibliography of articles and books on Consumer Health Information on the Internet.*

### Locating Consumer Health Information on the Internet

Ferguson T. *A guided tour of self help cyberspace.*  
<http://odphp.osophs.dhhs.gov/confrnce/partnr96/ferg.htm>

Observations on the quality of information on the Internet from Tom Ferguson's speech at the 1996 Partnerships for Networked Consumer Health Information Conference in Washington, D.C.

*Finding medical help online.* **Consumer Reports** 1997 Feb;27:31.

Discusses the experiences of three consumers who used the Internet to search for personal medical information. To test the accuracy and usefulness of the information, two experienced medical journalists spent two months exploring and evaluating medical information on the Web. They concluded that, although "the Internet is a rich source of medical facts, advice, and support... users need to be on guard against dubious and unreliable information, which can often appear quite respectable".

*Health info on the Internet: how to find it and know if it's reliable.*  
**Mayo Clinic Health Letter** 1997 Apr: 6.

Provides 'cybercautions' or quick questions to ask to get an idea if the information on the Internet is reliable.

*How to navigate the health 'Net.* **Consumer Reports on Health** 1997 Aug: 92.

Brief article that cites websites, newsgroups, and search engines. "All sorts of health information—good and bad, true and false, complete and dangerously incomplete—is competing for your attention in cyberspace."

*On-line health advice: should you trust it?* **Good Housekeeping** 1996 Aug: 132-3.

Cautions consumers to go the next step and check out the health information they have found on the Internet with their health care

provider. *Good Housekeeping* staff randomly chose advice from health-related bulletin boards and asked medical experts to comment on the reliability of the information. The evaluations ranged from 'baloney' to possibly helpful, but clinically unproven information.

Parrish M. *On-line medical advice.* **American Health** 1996 Oct: 39-41.

Discusses the painful experience of a woman who signed on to an endometriosis support group for information, but was subjected to misinformation, hidden agendas and petty grousing. The article discusses the pros and cons of accessing health information on the Internet, and lists the National Council Against Health Fraud's guidelines for reliability.

Renner J. *In my humble opinion.* **Internet Health Watch** 1996: 1-4 [Reuters Ltd.] <http://www.reutershealth.com/iwh/>

In his weekly column, a physician lists his recommended criteria for Internet resources in terms of content and credibility. Renner is a professor at the University of Kansas School of Medicine who founded the Consumer Health Information Research Institute.

Schwartz J. *On the web it's hard to know what health information is reliable.* **Washington Post** 1997 Apr 22:12 (Health Section).

Surveys recent literature on the quality of health information on the Internet. Consumers are using the Internet both to access health information and to participate in online medical discussions with experienced self-helpers.

### Books

Brown MS. *Consumer health and medical information on the Internet: supply and demand.* New York: Find/SVP, Inc., 1996. Available for \$2,295 from The Emerging Technology Research Group, 625 Avenue of the Americas, New York, NY

10011, Fax: (212) 645-7681. Summarized at [http://etrg.findsvp.com/health/mktg\\_toc.html](http://etrg.findsvp.com/health/mktg_toc.html)

Assesses and describes U.S. consumers' demand for health and medical information on the Internet. This 200+ page in-depth report includes sections on finding and evaluating health information on the Internet.

Carroll J, Broadhead J. **Good health online: a wellness guide for every Canadian.** Scarborough, ON: Prentice Hall Canada, 1997. \$16.95.

Canada's bestselling Internet authors provide guidance on how the layperson can learn to take advantage of the Internet to find information on personal medical conditions. Particularly useful are the sections on *Ten Reasons You Should Use the Internet for Your Own Health Care*, *Ten Risks in Using the Internet for Your Own Health Care*, and *Dealing With Your Doctor and Other Health Care Professionals*.

Davis J. **Health & medicine on the Internet : the annual guide to the World-Wide Web.** Los Angeles: Practice Management Information, Inc., 1997. \$19.95.

Davis J, Swanson K, Lynch M, eds. **Health & medicine on the Internet : the annual guide to the World-Wide Web for health care professionals.** Los Angeles: Practice Management Information, Inc., 1997. \$29.95.

Ferguson T. **Health online : how to go online to find health information, support forums, and self-help communities in cyberspace.** Reading, MA: Addison-Wesley, 1996. \$17.00.

Focuses on online, self-care, self-help resources (listservs in particular) and consumer health information. For additional information on Dr. Tom Ferguson, his home page and self-care online journal can be found at: <http://healthy.net/selfcare/>

Hill B. **World-Wide Web searching for dummies.** Foster City, CA: IDG Books Worldwide, 1996.

Chapter 14 (pp 192-200) entitled, *Hunting for Health*, briefly discusses health directories, health-related keywords, medical and health news-groups, and explores four select sites.

Holznagel RF. **World-Wide Web top 1000.** Indianapolis: New Riders Publishing, 1995.

The 'top' health and medicine sites are discussed on pages 157-174.

Linden T, Kienholtz, ML. **Dr. Tom Linden's guide to online medicine.** New York: McGraw-Hill, 1995. \$25.95.

Provides descriptions of a broad spectrum of online medical and health Internet sites, arranged by subject.

Rosenfeld L, Janes J, Vander Kolk M, eds. **The Internet compendium : subject guides to health and science resources.** New York: Neal-Schuman Publishers, Inc., 1995.

Chapter 16 describes and evaluates health sciences resources on the Internet. The editors are subject specialists and practitioners: librarians, faculty, and graduate students.

Ryer, J. **HealthNet : your essential resource for the most up-to-date medical information online.** New York: John Wiley & Sons, 1997. \$16.95.

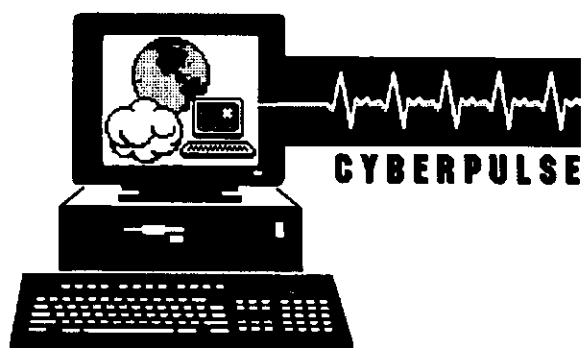
Provides a master list of over 200 of the best health resources online, including support groups, online health encyclopedias, drug information, newspapers, journals, newsletters and magazines, and U.S. government information.

Slack, WV. **Cybermedicine : how computing empowers doctors and patients for better health care.** San Francisco, CA: Jossey-Bass Publishers, 1997.

The author teaches medicine and psychiatry at Harvard and is the editor of *MD Computing*. Slack describes the role of the computer in teaching and empowering patients. He also discusses the importance of the Internet for self-help health information. ■

## Cyberpulse

Rita Vine



Rita Vine is Marketing and Instruction Coordinator at the Gerstein Science Information Centre, University of Toronto. Copies of Cyberpulse columns are available at the website:

<http://www.imr.on.ca/cyberpulse/cyberpulse.htm>

Comments and suggestions for future columns are welcome and should be directed to:

E-mail: [rita.vine@utoronto.ca](mailto:rita.vine@utoronto.ca)

### Patient Handouts on the Internet

Patient handouts abound on the Internet. Most are in English and are written for intelligent adults. Many will require interpretation from health care professionals in order to be understood fully by patients.

Here is a list of some top picks. Thanks to Leigh-Ann Topfer, Susan Cleyle, Michelle Leblanc, Tom Flemming, Beth Morrison, Kathy Murray, and Elyse Pike for their contributions to this list.

**Aetna U.S. Healthcare. IntelliHealth Health Library.**  
<http://www.aetnaushc.com/refertopics.html>

Sponsored by Aetna, the project has participation from the Johns Hopkins University and Health System. An attractive website designed for the interested and informed patient, you'll find answers to the questions people would never dare ask at a reference desk. For example, in the section entitled *Pregnancy* there's a financial calculator, what to do if you think you are pregnant, and how to use over-the-counter home pregnancy tests. Limited advertising.

**ALT.SUPPORT news groups.** [news:alt.support](mailto:news:alt.support)

Excellent, comprehensive sources of information through their sets of Frequently Asked Questions (FAQs). The discussions and advice can be whacko, but put yourself in the position of a patient and you'll understand why this kind of community can be so valuable.

**BC Cancer Agency.** <http://www.bccancer.bc.ca/patient-public.html>

One of the few sites providing Canadian (specifically, B.C. based) cancer information for patients. The full text of the book *Unconventional Cancer Therapies* is also available on the website.

**Canadian Directory of Genetic Support Groups.** <http://www.lhsc.on.ca/programs/medgenet/support.htm>

This searchable database, compiled as a special project of the Canadian Association of Genetic Counsellors (CAGC), is a resource guide for families and professionals seeking information on genetic support groups in Canada.

**Cancernet PDQ®. Treatment. Patients.** <http://cancernet.nih.gov/clinpdq/pif.html>

From the National Cancer Institute, detailed information for patients, formatted for printing. English and Spanish information. Although well known to many librarians, it's helpful to remember that PDQ offers much information beyond just cancer, including information relating to depression, family issues, and other related information. Information related to cancer topics. Also available at: [gopher://gopher.nih.gov:70/11/clin/cancernet](http://gopher.nih.gov:70/11/clin/cancernet)

**Centre d'information sur la santé de l'enfant.** <http://brise.ere.umontreal.ca/~lecompil/index.html>

Over 700 health-related sites, many in French. Much consumer health information.

**Children's Hospital Medical Center Patient Education Program.**  
<http://www.chmcc.org/pep/>

Written by the nurses and physicians at Children's Hospital Medical Center in Cincinnati. English.

**The Doctors' Page : Patient Education on the Net.** <http://members.aol.com/DrsPage/pted.htm>

Excellent list of patient education resources, brought to you by Gary Nace, a physician in Nashville, Tennessee.

**The Health Explorer.** <http://www.healthexplorer.com/>

A database which includes over 3,000 health-related websites, website descriptions, and "Best Site" reviews. Brief annotations accompany links. Some sites are tagged for health professionals. Both graphic-rich and mostly-text options are available. Links move directly to the source's website.

**Healthfinder.** <http://www.healthfinder.gov/>

A gateway to consumer health and human services information website from the United States government. Healthfinder leads to selected online publications, clearinghouses, databases, websites, and

support and self help groups, as well as government agencies and not-for-profit organizations that produce reliable information for the public.

**Healthtouch®.** <http://www.healthtouch.com/>

Healthtouch is the proprietary kiosk system found in selected pharmacies that provides health and medication information to customers. The Healthtouch website brings together numerous patient handouts on diseases, drugs and general health, drawn principally from U.S. national associations. English.

**HealthWeb : Consumer Health.** <http://www.uic.edu/depts/lib/health/hw/consumer/>

From the Committee on Institution Cooperation's (CIC) health library consortium, a good jump point for patient handouts. Annotated. Strong U.S. focus, but well-selected.

**Healthy Way : Sympatico.** <http://www1.sympatico.ca/healthyway/>

Beautifully designed, newsletter-style resource provides links to general health and wellness issues, plus some disease-specific information. Lots of interactivity at this site to related chat groups, quizzes, and games make it a good site for kids as well as adults.

**Medscape : Patient Information.** <http://www.medscape.com/Home/Patient/PatientInfo.html>

Well-written patient education leaflets on a variety of topics. Registration required for free access. English

**MedWeb : Consumer Health.** [http://www.gen.emory.edu/MEDWEB/keyword/consumer\\_health.html](http://www.gen.emory.edu/MEDWEB/keyword/consumer_health.html)

Probably the largest single jump point to patient education materials. Available by category (condition, disease) or alphabetically. Mainly English language resources, with a strong U.S. focus, but information from many countries is represented. MedWeb also permits searching geographically by country, which can be helpful to find geographically specific information.

**NOAH : New York Online Access to Health Home Page.** <http://noah.cuny.edu/>

Many patient education materials, in both English and Spanish, from this excellent consumer health site, a partnership among four agencies, including the New York Public Library.

**Patient Handouts from RXMed.** <http://www.rxmed.com/handouts.html>

Self-described as a "peer-reviewed resource", this site provides brief point-form documents on over 400 common conditions and diseases. English only.

**QuackWatch Home Page.** <http://www.quackwatch.com/>

Quackwatch is a nonprofit corporation whose purpose is to combat health-related frauds, myths, fads and fallacies. Founded by Dr. Stephen Barrett in 1969 as the Lehigh Valley Committee Against Health Fraud, it was incorporated in 1970 and assumed its current name in 1997. A French version is available at <http://www.allerg.qc.ca/quackwatchfrancais.html> and a German one at <http://neuropsychiater.org/quackw.htm>

**U.S. Pharmacopeia Drug Information.** [http://www.healthanswers.com/health\\_answers/usp\\_drug\\_search/frames333.htm](http://www.healthanswers.com/health_answers/usp_drug_search/frames333.htm)

Authoritative reference to both prescription and over-the-counter medications. Information is available in both "easy to read" and full text versions. Enter the brand or generic name of the drug you are looking for or enter the indication for a full listing of all applicable compounds.

**Virtual Hospital: Patient Handouts.** <http://www.vh.org/Patients/Patients.html>

Links to peer reviewed web resources on common medical problems and conditions. Selected by physicians at the University of Iowa, home of the Virtual Hospital. An inelegant design but a well selected list of resources. The vocabulary, although quite specific, isn't really intended for the average patient, who may need help selecting the appropriate category. ■

**Editor's Note:** The second part of Rita's column on *Training Physicians to Use the Internet* will appear in the next issue of *BMC*.

## REVIEWS/CRITIQUES

**Alternative Medicine Resource Guide.** Feuerman F, Handel MJ. Lanham: Scarecrow Press, 1997. 335 p.

If you have struggled with where to locate information about alternative medicine, you will appreciate the resource guide that Francine Feuerman and Marsha Handel have put together. The use of alternative therapies is increasing rapidly, and so are the questions about it. Finding the answers, however, is much like setting off on a trek through the wilderness on unmarked trails. You will want to have this *Guide* in your backpack as a compass to guide you to quality alternative medicine information.

Feuerman and Handel are experienced research and medical librarians respectively. Feuerman has studied several holistic health areas, with a particular interest in homeopathy and herbalism. Handel has a movement re-education practice. The authors combine an understanding of information seeker's needs with subject knowledge, and this is reflected in the construction and content of this book. This *Resource Guide* is laid out in two parts. Each part is broken down into eight chapters, beginning with general coverage, and proceeding into seven categories of Alternative medicine: *Systems of medicine*, *Manipulative therapies*, *Bodywork*, *Energy medicine*, *Movement therapies*, *Self-regulatory techniques* and *Sensory therapies*. Each category is further organized into thirty-two specific modalities. A description of each modality is provided in Part I.

Part I also includes listings of U.S. based organizations, educational centers and product suppliers related to alternative medicine. While coverage is limited to the U.S., this information is valuable; these are reputable organizations and excellent first stops on the path to alternative medicine information. Each entry offers a description of the resource, address, phone and fax numbers, and contact names whenever available. A helpful addition to each entry is a list of professional and public services provided by that organization, and a list of their publications.

Part II is an annotated bibliography of over 170 books, journals, and newsletters. The scope of publications includes both the lay public and health professional. This section is very useful as it organizes the massive body of alternative medicine literature by broad subject headings. An *Appendix* lists publishers of items included in the bibliography along with their contact information. Information within the *Guide* has undergone vigorous quality assurance tests. Resources in Part I were filtered for age of the organization, qualifications of practitioners, instructors or administrators, licensure, and reputation of the organization. Books included in the bibliography of Part II were selected for author qualifications, accuracy, currency and reliability of information.

While available website and e-mail addresses would have been a useful inclusion in this book, there is a wealth of information here, organized in a user-friendly manner within one book. When faced with setting up a collection to include alternative medicine resources, or when faced with any question regarding alternative medicine you will want to have this book on your shelf, right next to the *Encyclopedia of Associations*. ■

Vivian McCallum

Tzu Chi Institute for Complementary and Alternative Medicine  
E-mail: [vmccallu@vanhosp.bc.ca](mailto:vmccallu@vanhosp.bc.ca)

**Ethnic Minority Health: a selected, annotated bibliography.** Compiled by Craig Haynes. MLA, 1997. 503 p.

Canada and the United States, as countries of immigrants, have always shown considerable interest in their "ethnic" minorities, as this bibliography has demonstrated. This interest will increase as the pattern of immigration shifts from predominantly European individuals to those of Asian and African origin. None of the European races are listed as "ethnic".

Compiled by a librarian, the selected list consists of about 2000 resources published between 1970 and 1995. Approximately 60% of these items are books, with the remaining 40% composed of regular or occasional government documents such as studies, statistics, and surveys. Note that no journal articles are included in this bibliography, likely due to the fact that articles are easily located using such databases as MEDLINE.

The bibliography is divided into ten chapters covering medicine, mental health, medical education, health professions, research, service delivery and access, prevention and health promotion, etc. It also contains a chapter on ethnic minority health bibliographies and another for directories. Each chapter begins with publications about ethnic groups in general, and is then further subdivided according to ethnic groups.

Mr. Craig Haynes, the compiler, is Head of the Medical Center Library at the University of California, San Diego. Mr. Haynes appears to have perused most of the items within the bibliography as each is accompanied by a brief but insightful annotation. *Ethnic Minority Health* is definitely a useful reference tool for researchers, students or health care planners. In typical fashion of helpful librarians, Mr. Haynes also recommends a similar work by Tyson Gibbs, entitled *Ethnic Health Collections in the United States: a guide to repositories*. East Point, Ga.: Jamilla Powers, 1993.

What strikes me is that, in spite of the title, this bibliography, published by the Medical Library Association, is US-focused. It identifies only Native Americans, Alaska Natives, African Americans, Asian Americans, Pacific Islanders, Hispanics, as the ethnic minorities. For instance, there is no mention of Mennonites, Amish, German Americans or Cajuns.

Although this bibliography is more suitable for US libraries given its US-focus, it is strongly recommended for use in Canadian health care libraries. The United States and Canada have similar social and economic structures, and demographic composition. Furthermore, its minorities face similar social, economic, attitude and linguistic difficulties, despite our divergent healthcare delivery systems. Having done a quick check, I did not find a similar Canadian bibliography. Anyone feel inspired? ■

Hoong Lim

Burnaby Hospital Library

E-mail: [buh.hlim@sfrh.hmet.bc.ca](mailto:buh.hlim@sfrh.hmet.bc.ca)

**Library Services in Mental Health Settings.** Mary E. Johnson, ed. Lanham, MD: Medical Library Association and The Scarecrow Press, 1997. 236p.

As a mental health librarian, I am delighted to see an entire book devoted to my field. *Library Services in Mental Health Settings* provides information of particular interest to mental health librarians but also is of value to health librarians.

The book serves as an overview of mental health librarianship. Its intended audience includes: graduate library science students, public, health science and mental health librarians, and other mental health professionals. The book consists of eleven chapters totaling 170 pages, and six appendices totalling 63 pages. Because each chapter is written by a different author, there is some difficulty with continuity and consistency between the chapters.

Mental health policies are broadly covered in the first three chapters. I note with interest some discussion on the stigma of mental illness. *Mental health policy: government influence on the community and the collection*, is well written and relevant in the current climate of mental health care restructuring in Canada and the United States. It is an excellent chapter, with an extensive bibliography and Internet resource list.

The third chapter, *Information resources in community mental health: a Canadian provincial perspective*, focuses on community mental health care in Ontario, with particular reference to the Canadian Mental Health Association. It describes political, social and administrative factors which affect the information needs of the mentally ill.

While Chapter Three is interesting, it lacks detailed information about community mental health care in Ontario, perhaps because the material is intended primarily for an American audience who may not be familiar with this system. The author fails to mention the role of the Provincial Psychiatric Hospitals. These facilities provide care for the seriously mentally ill and are important partners in the provision of mental health services in the province. Another point to note is the lack of reference to the 1988 Graham Report, *Building community support for people: a plan for mental health in Ontario*, which initiated many of the changes now occurring in mental health care in Ontario. Also, the author states that the Canadian Mental Health Association library "holds the only substantial collection of community mental health materials in the province of Ontario". This statement fails to recognize that all Ontario Psychiatric Hospitals house staff libraries with substantial community mental health collections.

An excellent overview on accreditation is provided in the chapter *Accreditation of mental health libraries and information*

*services*. This is supplemented by an *Appendix*, which lists quality indicators for mental health information services. Unfortunately, the section on *Standards for Canadian programs* fails to mention either the Canadian Council on Health Services Accreditation or the *Standards for Library and Information Services in Canadian Health Care Facilities*, published by the CHLA/ABSC in 1995.

The chapters on *Revamping and marketing the mental health library*, and *Library services in mental health academic research centers* are both well written, but apply equally to any health library in a hospital or academic setting.

*Library services for persons with psychiatric disabilities* provides practical guidelines for librarians and volunteers working with people with mental illness in either a patient library or a public library. The chapter contains a good reference list as well as a short bibliography of consumer mental health books.

The chapter on *University Affiliated Programs for people with developmental disabilities* is excellent. It defines UAPs clearly, and provides a detailed example of how a particular UAP disseminates information. Information provision to persons with developmental disabilities appears to be well coordinated through this program. A full listing of UAPs is found in the *Appendix*.

*Mental health libraries: present concerns and future possibilities* is a thought-provoking chapter. As health care undergoes restructuring across Canada and the United States, the provision of health care information also shifts. The authors challenge us to position our libraries in the forefront of information technology. We must integrate downsizing, the change toward community-based programs, and consumer health information needs.

An excellent bibliography provided in the final chapter lists books, journals, web sites and electronic mailing lists. Although the list limits itself to clinical psychiatry, it would have been valuable to have included psychology, occupational therapy, social work, vocational rehabilitation and recreation therapy.

Overall, this book contains useful information for mental health librarians. However, it attempts to serve too large an audience and therefore decreases its value to mental health librarians. I recommend this book for a library science program or an academic library, which includes mental health in its collection. ■

Karen Gagnon  
Head Librarian  
Staff Library  
Kingston Psychiatric Hospital  
E-mail: [kphlib@adan.kingston.net](mailto:kphlib@adan.kingston.net)

---

## REPORTS/RAPPORTS

---

### CHLA/ABSC Task Force on Resource Sharing II (RSTF2) Report

Anne B. Smithers

Bracken Health Sciences Library  
Botterell Hall  
Queen's University  
Kingston, Ontario K7L 3N6  
tel: (613) 545-2511 (Internal 453)  
fax: (613) 545-6892  
e-mail: [abs@stauffer.queensu.ca](mailto:abs@stauffer.queensu.ca)

Recognizing the importance of ongoing contact with the National Library of Canada (NLC) and the Canada Institute for Scientific and Technical Information (CISTI), CHLA/ABSC Task Force on Resource Sharing II (RSTF2) organized a joint meeting with representatives from both institutions on 20 February 1998.

Our guests were provided with selected preliminary survey results from the September 1997 RSTF2 Survey, *Evaluation of serial, union list and resource sharing activities*. They were asked to address the following question in their presentation:

*Identify the advantages of your product for small health libraries who may or may not be currently participating or using your product.*

#### Presentations by Guests : Summary Observations

**AMICUS** (Emilie Lowenberg, Chief, Union Catalogue Division, National Library of Canada)

AMICUS is the bilingual information system of the National Library of Canada. Access AMICUS is a fee-based search service which allows Canadian libraries and researchers to search the entire AMICUS database for cataloguing support, interlibrary loan purposes, reference, and information verification.

- concern is how to get reliable, accurate, up-to-date holdings from health libraries into AMICUS
- SERHOLD data is in a format that cannot be loaded into AMICUS
- holdings in AMICUS are NOT current
- what do the health libraries think of, and expect from, AMICUS?
- what is the relationship between AMICUS and DOCLINE?

**DOCLINE** (Beverly Brown, AMICUS/ROMULUS/MEDLARS Coordinator, Canada Institute for Scientific and Technical Information)

DOCLINE is the U.S. National Library of Medicine's (NLM) automated interlibrary loan and referral system. Using serials holdings information contained in the NLM SERHOLD database,

DOCLINE libraries can create ILL requests that will route automatically to participating libraries according to a routing table created when the library joins the system. DOCLINE libraries can also direct requests to specific libraries.

SERHOLD is the National Library of Medicine's database of machine-readable holdings statements for biomedical serial titles held by U.S. and selected Canadian libraries.

- DOCLINE growth trend continuing (134 Canadian libraries participating; 48 in application process)
- will continue to at least the year 2000
- no Web version is planned at present
- CISTI will provide a print copy to each library of their SERHOLD holdings
- CISTI has capability to create local or regional union lists for a fee

**ROMULUS** (Beverly Brown, AMICUS/ROMULUS/MEDLARS Coordinator, Canada Institute for Scientific and Technical Information)

ROMULUS is a complete CD-ROM system for locating serials and ordering documents from Canadian libraries. ROMULUS is jointly produced by CISTI and NLC, and contains more than 300,000 records.

- ROMULUS is a subset of AMICUS, therefore ROMULUS holdings are NO more accurate than AMICUS holdings
- discussions between NLC and CISTI are continuing concerning the future of ROMULUS
- ROMULUS sales are declining

**VCUC (Z39.50)** (Carrol Lunau, Resource Sharing Officer, National Library of Canada)

vCuc is the Virtual Canadian Union Catalogue. Presently being investigated by the National Library of Canada, the concept of vCuc involves a decentralized, electronically accessible catalogue created by linking the databases of several institutions.

- in the next 2-3 years vCuc will be more useful for Cataloguing and Reference activities than for ILL purposes



- major problem for ILL purposes is display of holdings (both summary and detailed)
- technological issues facing both vendors and libraries will need to be resolved
- access to National Library Z39.50 vCuc gateway requires only that a library have an internet web browser

### Conclusions

The meeting was very successful in terms of identifying current status of resource sharing and Canadian health libraries. All participants are interested in working further with RSTF2, and CHLA/ABSC and want to continue the dialogue. ■

Participants are interested in working further with RSTF2, and CHLA/ABSC and want to continue the dialogue. ■

### Task Force Members

**Toni Janik**, Hotel Dieu Grace Hospital  
**Carole Brault**, Centre Hospitalier de l'Université Laval  
**Judith Couglan-Lambly**, Dalhousie University  
**Lynn Kozun**, Saskatchewan Health  
**Anne Smithers**, Queen's University

## Groupe de travail sur le partage des ressources II (RSFT2/GTPR2)

Carole Brault

Bibliothécaire, Centre de Recherche du C.H.U.L.  
 Centre hospitalier de l'Université Laval  
 T-R-72-2705 boulevard Laurier  
 tél : (418) 656-4141 poste 6076  
 fax : (418) 654-2298  
 électroposte : carole.brault@crchul.ulaval.ca

Reconnaissant l'importance d'entretenir des liens étroits avec la Bibliothèque nationale du Canada (BNC) et l'Institut canadien de l'information scientifique et technique (ICIST), le Groupe de travail sur le partage des ressources II (RSFT2/GTPR2) a rencontré des représentants de ces deux institutions le 20 février 1998.

En début de rencontre, le GTPR2 a remis aux représentants invités certains résultats préliminaires du sondage effectué en septembre 1997 intitulé *Partage des ressources, états de collection des périodiques et listes collectives : une évaluation*. Le groupe de travail a demandé aux invités d'aborder au cours de la présentation la question suivante :

Quels avantages aurait une petite bibliothèque de la santé à acheter votre produit ou à y participer ?

### Présentation des invités: résumé des observations

**AMICUS (Emilie Lowenberg, Chef, Division du catalogue collectif, Bibliothèque nationale du Canada)**

AMICUS est le système d'information bilingue de la Bibliothèque nationale du Canada et Accès AMICUS est le service de recherche tarifé de la Bibliothèque. Les bibliothèques canadiennes et les chercheurs peuvent utiliser Accès AMICUS pour diverses tâches, notamment le soutien du catalogage, le prêt entre bibliothèques, la recherche et la vérification des renseignements.

- la difficulté principale : assurer la précision et la mise à jour des états de collection des bibliothèques de la santé qui seraient intégrés à AMICUS
- les données de la banque Serhold ne sont pas en format MARC. Elles ne peuvent donc pas être versées dans AMICUS
- les états de collection d'AMICUS ne sont pas à jour

- Que pensent les bibliothèques de la santé d'AMICUS ? Quelles sont leurs attentes face à ce produit ?
- quelle relation existe-t-il entre AMICUS et DOCLINE ?

**DOCLINE : (Beverly Brown, Coordinatrice AMICUS/ROMULUS/MEDLARS, Institut canadien de l'information scientifique et technique)**

DOCLINE est le système automatisé d'acheminement de demandes et de prêt entre bibliothèques de la U.S. National Library of Medicine. Grâce aux données de fonds documentaire recensées dans la base de données SERHOLD de la NLM, les bibliothèques de DOCLINE peuvent créer des demandes de prêt entre bibliothèques. Ces demandes seront acheminées aux autres bibliothèques participantes conformément à une table d'acheminement créée par la bibliothèque lorsque celle-ci se joint au système. Les bibliothèques DOCLINE peuvent aussi transmettre des demandes à des bibliothèques spécifiques.

SERHOLD est une liste collective informatisée de périodiques dans le domaine biomédical. Cette liste est compilée par la National Library of Medicine et contient les états de collection des bibliothèques de la santé américaines et de certaines bibliothèques canadiennes.

- le nombre de bibliothèques canadiennes participantes augmente : il y a actuellement 134 bibliothèques participantes et 48 sont en voie de l'être
- le système DOCLINE sera accessible au moins jusqu'à l'an 2000
- pour le moment, aucune version « web » de DOCLINE n'est prévue
- l'ICIST peut fournir à chaque bibliothèque participante une liste imprimée de leur fonds inscrit dans SERHOLD
- l'ICIST peut également générer des listes collectives locales ou régionales (coût à déterminer)

**ROMULUS (Beverly Brown, Coordonnatrice AMICUS/ROMULUS/MEDLARS, Institut canadien de l'information scientifique et technique)**

ROMULUS est un système intégré sur CD-ROM de recherche de périodiques et de commande de documents auprès des bibliothèques canadiennes. ROMULUS est produit conjointement par l'ICIST et la Bibliothèque nationale du Canada et contient plus de 300,000 notices.

- ROMULUS est un sous-ensemble d'AMICUS. Les états de collection inscrits dans ROMULUS ne sont exacts que dans la mesure où AMICUS est mis à jour.
- la BNC et l'ICIST poursuivent leur discussion quant à l'avenir de ROMULUS les ventes de ROMULUS sont à la baisse

**WCCC (Z39.50) (Carrol Lunau, Agente de la mise en commun des ressources, Bibliothèque nationale du Canada)**

vvCcc est la « version virtuelle du Catalogue collectif canadien ». Ce « catalogue » existe seulement par le biais des liens électroniques qui permettent à l'utilisateur d'interroger à distance et simultanément les catalogues de plusieurs institutions.

- au cours de deux ou trois prochaines années, la vvCcc servira plus aux tâches de catalogage et de référence qu'au prêt entre bibliothèques

- l'affichage—bref et détaillé—des états de collection n'est pas normalisé ce qui est un obstacle à l'utilisation de la vvCcc pour le PEB
- les bibliothèques et les fournisseurs de logiciels d'informatisation de bibliothèque devront résoudre des problèmes d'ordre technologique
- avec une fureteur (Netscape ou Explorer par exemple) toute bibliothèque ayant accès à Internet peut accéder à la passerelle Z39.50 de la vvCcc de la BNC.

### Conclusion

La rencontre a été très fructueuse : elle a permis de faire le point sur la question du partage des ressources dans les bibliothèques de la santé canadiennes. Tous les participants invités ont exprimé le désir de poursuivre les échanges avec le Groupe de travail sur le partage des ressources II et la ABSC/CHLA.

### Membres actuels

**Toni Janik**, Hotel Dieu Grace Hospital  
**Carole Brault**, Centre Hospitalier de l'Université Laval  
**Judith Coughlan-Lambly**, Dalhousie University  
**Lynn Kozun**, Saskatchewan Health  
**Anne Smithers**, Queen's University

## FAXON CANADA STRENGTHENS QUEBEC SALES AND SUPPORT OPERATION

(April 27, 1998 — London, Ontario)

Faxon Canada is pleased to announce the formation of Faxon Québec, a support and service division dedicated to the needs of Québec-based librarians and French language publishers. Faxon Québec will be responsible for building client and partner relationships, promoting services and managing all aspects of client support, in both official languages. The formation of Faxon Québec reinforces Faxon Canada's commitment to provide the best subscription and information management services to Québec's library and publishing community.

Last September Faxon Canada announced the acquisition of Periodica. Since then we have been working together to form the organization that will set the standard for subscription and fulfillment services in Québec. Faxon Québec is the result of these efforts. Drawing upon the significant strengths and true uniquenesses of both Faxon Canada and Periodica it will be Faxon Québec's ongoing mandate to:

- Continue to offer the superior client service and support in both French and English that clients have come to expect.
- Enhance the service and product options available to Québec libraries and resource centres.
- Extend additional promotional and distribution opportunities to French language publishers.

Faxon Québec will operate out of Periodica's office in Outremont. Effective April 27, 1998 Faxon Canada's entire Montréal client service team, which has operated in Place Ville Marie since 1985, will be relocating to Outremont.

Faxon Canada is a subscription management and acquisition company and forms the Canadian operating arm of Dawson Holdings PLC, an information services company founded in 1809. Dawson and its subsidiary companies have the experience, strength and resources to offer information solutions to every type of library and information centre worldwide.

# REPORT OF THE 1998 NOMINATIONS COMMITTEE :

## THREE CANDIDATES ACCLAIMED

### Introduction

I am pleased to announce that the following Board positions have been filled by these excellent candidates: Liz Bayley, Vice-President/President Elect; Board of Directors: Davida Glazer and Laurie Scott. Davida will serve as Secretary and Laurie will be the Director, CE Co-ordinator.

This is the second time in the last few years—the other being in 1996—that there has been no election due to the difficulty in finding members willing to make a commitment to serve CHLA/ABSC. I encourage all of you to participate in your association—I can attest to what a rewarding experience it is to serve on the Board. Please consider volunteering when the call for nominations comes next February or let Lois Wyndham know that you are interested.

I would also like to thank the 1998 Nominations Committee for their efforts: John Cole of the University of Calgary Medical Library and Margaret Darling of the Kingston General Hospital Library.

Susan Murray  
CHLA/ABSC Past-President

### Vice-President/President Elect

**NAME:** Liz Bayley  
**POSITION:** Head of Systems and Curriculum Integration Coordinator  
**MAILING ADDRESS:** Health Sciences Library  
McMaster University  
1200 Main Street West  
Hamilton, ON L8N 3Z5  
**TELEPHONE:** (905) 525-9140 x22545  
**FAX:** (905) 528-3733  
**E-MAIL:** bayleyl@fhs.mcmaster.ca  
**CURRENT POSITION:** Head of Systems and the Curriculum Integration Coordinator, Health Sciences Library, McMaster University  
**EDUCATION:** MLS, University of Western Ontario, 1974

#### BACKGROUND:

I have worked in the Health Sciences Library at McMaster University since January 1986, and am presently the Head of Systems and the Curriculum Integration Coordinator. In addition, I am a part-time Assistant Clinical Professor in the School of Nursing. My past career includes cataloguing and reference positions in the main McMaster libraries, serials librarian at the Bank of Canada and information dissemination librarian for the federal Department of Finance/Treasury Board Secretariat. I received my MLS in 1974 from what was then the School of Library and Information Science at the University of Western Ontario.

I joined the Canadian Health Libraries Association as soon as I took up a position in the Health Sciences Library. I attended my first CHLA/ABSC conference in Halifax in 1988, giving a presentation entitled, *Ten things I wish someone had told me... introducing public microcomputers into the library*. Since then, I have given presentations and workshops on a number of topics including filing, evaluating literature, the Web, and dealing with problem patrons. I served as the President of the Golden Horseshoe Health Libraries Association chapter of CHLA/ABSC from July 1996 to November 1997.

#### STATEMENT:

After rereading Lois Wyndham's excellent Word from the President in the Spring 1998 issue of *BMC*, I feel confirmed in stating that my major aim as President of CHLA/ABSC will be to act as a strong advocate for health libraries in Canada. This will mean being proactive in seeking out opportunities to promote our role, in particular ensuring participation in forums where the future of health care information is being decided.

### Board of Directors

**NAME:** Davida Glazer  
**POSITION:** Resource Centre Co-ordinator, Institute for Clinical Evaluative Studies (ICES)  
**MAILING ADDRESS:** 2075 Bayview Avenue  
North York, ON M4N 3M5  
**TELEPHONE:** (416) 480-4055 x3612  
**FAX:** (416) 480-6821  
**E-MAIL:** glazer@ices.on.ca  
**CURRENT POSITION:** Resource Centre Co-ordinator, Institute for Clinical Evaluative Sciences (ICES)  
**EDUCATION:** B.A. Honours Sociology, McMaster University, 1983;  
Master of Library & Information Studies, McGill University, 1990

#### BACKGROUND:

I worked at Sunnybrook Health Sciences Centre, Macdonald Library, for five years as Reference & Systems Librarian working with staff, students and the public. I have served as Secretary on the THLA executive and participated in THLA working groups within academic hospital libraries. I also served as co-chair of the Exhibitors and Sponsors' Committee for the 1996 CHLA/ABSC conference in Toronto. I have held secretary and committee chair positions on extra-curricular boards.

Currently, I am Resource Centre Co-ordinator with the Institute for Clinical Evaluative Sciences. Our focus is on health sciences research. My duties as solo librarian include locating, deciphering and disseminating information to researchers and finding ways to effectively distribute it to professionals and the public at large.

# STATEMENT:

I have had the opportunity to work with and appreciate the diverse needs of the stakeholders in the health field. Each group needs dependable but different information sources to function within and interact with the system. The quality and quantity of these sources pose a definite challenge to our skills as health science librarians. Our libraries are a fundamental part of the backbone of the health system and should remain so, albeit in different ways. A strong evolving CHLA/ABSC with a visible and vocal platform is necessary if we are to play a substantive and effective role in the information arena of a national health system.

**NAME** Laurie Scott

**POSITION:** Executive Director, Health Science Information Consortium of Toronto

**MAILING ADDRESS:** Gerstein Science Information Centre  
University of Toronto  
7 King's College Circle  
Toronto ON M5S 1A5

**TELEPHONE:** (416) 978-6359

**FAX:** (416) 971-2637

**E-MAIL:** scottl@library.utoronto.ca

**CURRENT POSITION:** Executive Director, Health Science Information Consortium of Toronto, 1997--

**EDUCATION:** B.A., McMaster University;  
Master of Library Science, University of Western Ontario

## BACKGROUND:

Laurie Scott is the Executive Director of the Health Science Information Consortium of Toronto, a group consisting of the

University of Toronto Library, the libraries of the University's affiliated teaching hospitals, and other hospital libraries in the Greater Toronto Area. She has a Master of Library Science degree from the University of Western Ontario, and a B.A. from McMaster University. Prior to joining the Consortium in 1997, she was Head Librarian at the Sheridan Park (Mississauga) site of AECL-Atomic Energy of Canada Limited from 1990-1997, and was an Information Specialist with the Industrial Accident Prevention Association from 1987-1990.

## PROFESSIONAL ACTIVITIES:

Active in SLA, serving as Chair of the Strategic Planning Committee, Science and Technology Division, as well as representing the Toronto chapter on the Program Advisory Committee for Sheridan College's Library and Information Technician program. Co-author of a paper entitled *Information professionals: leading corporate information management strategy*, presented at the 1993 SLA Annual Conference, and reprinted in *Special librarianship as a career: an SLA Information Kit*. Between 1990 and 1996, active in the Library and Information Science Committee of the Sheridan Park Association, serving in a variety of capacities, including Chair.

## STATEMENT:

In times of change and uncertainty, professional associations become all the more valuable to their members, particularly through their ability to facilitate networking, collaboration and mentoring. CHLA/ABSC is uniquely positioned to ensure that the health science library community in Canada continues to prosper, even in the midst of formidable challenges. I would welcome the opportunity to participate as a member of the Board, and assist CHLA/ABSC and its members in meeting those challenges. ■

## RAPPORT DU COMITÉ 1998 DE SÉLECTION DES CANDIDATURES : TROIS CANDIDATES ÉLUES PAR ACCLAMATION

### Introduction

Je suis heureuse de vous annoncer que d'excellentes candidates combleront les postes suivants au sein de notre conseil : Liz Bayley occupera les fonctions de vice-présidente/présidente désignée; Davida Glazer et Laurie Scott siégeront au Conseil d'administration. Davida Glazer agira à titre de secrétaire et Laurie Scott sera directrice et coordonnatrice de la formation professionnelle.

Il s'agit de la seconde fois au cours des dernières années, la première fois étant en 1996, qu'il n'y a pas d'élection en raison de la difficulté à trouver des candidats prêts à s'engager pour occuper une fonction électorale au sein de l'ABSC/CHLA. Je vous encourage tous et toutes à participer aux activités de votre association. Je peux témoigner qu'il s'agit d'une expérience enrichissante que de faire partie du Conseil. Songez sérieusement à en faire partie lorsque l'appel de mises en candidature se fera en février prochain ou faites savoir à Lois Wyndham que cela vous intéresse.

Je tiens également à remercier les membres du Comité des mises en candidature pour leur travail : John Cole de la bibliothèque médicale de l'université de Calgary et Margaret Darling de la bibliothèque de l'hôpital général de Kingston.

Susan Murray  
Ancienne présidente de l'ABSC/CHLA

### Vice-présidente/présidente désignée

**NOM :** Liz Bayley

**EMPLOI :** Chef des systèmes informatiques et coordonnatrice à l'intégration des programmes

**ADRESSE POSTALE :** Bibliothèque des sciences de la santé  
Université McMaster  
1200, rue Main Ouest  
Hamilton ON L8N 3Z5

**TÉLÉPHONE :** (905) 525-9140, poste 22545  
**TÉLÉCOPIEUR :** (905) 528-3733  
**COURRIEL :** bayleyl@fhs.mcmaster.ca  
**EMPLOI ACTUEL :** Chef des systèmes informatiques et coordonnatrice à l'intégration des programmes, bibliothèque des sciences de la santé, université McMaster  
**ÉDUCATION :** Maîtrise en bibliothéconomie, université Western Ontario, 1974

#### EXPÉRIENCE PROFESSIONNELLE :

Liz Bayley travaille à la Bibliothèque des sciences de la santé de l'université McMaster depuis janvier 1986. Elle occupe actuellement les fonctions de chef des systèmes informatiques et de coordonnatrice à l'intégration des programmes. En outre, elle est professeure clinique à temps partiel à l'école de sciences infirmières. Parmi ses expériences professionnelles antérieures, elle a occupé des emplois en catalogage et en référence aux principales bibliothèques de McMaster. Elle a également été bibliothécaire en publication en série à la Banque du Canada et bibliothécaire en diffusion de l'information pour le ministère fédéral de Finances et le Secrétariat du Conseil du Trésor. En 1974, elle a reçu une maîtrise en bibliothéconomie de ce qui était alors l'école de bibliothéconomie et de sciences informatiques de l'université Western Ontario.

Elle a joint les rangs de l'Association des bibliothèques de la santé du Canada dès qu'elle a occupé un poste dans une bibliothèque des sciences de la santé. Elle a assisté à son premier congrès de l'ABSC/CHLA à Halifax en 1988, où elle a donné une présentation intitulée «10 choses que j'aurais aimé que l'on me dise... Introduction aux micro-ordinateurs publics dans la bibliothèque». Depuis, elle a donné des présentations et des ateliers sur bon nombre de sujets dont le classement, l'évaluation des documents, le Web et le traitement des problèmes des usagers. De juillet 1996 à novembre 1997, elle a occupé les fonctions de présidente de la Golden Horseshoe Health Libraries Association qui est un chapitre de l'ABSC/CHLA.

#### DÉCLARATION PERSONNELLE :

Après avoir relu l'excellent Mot de la Présidente, Lois Wyndham, dans le numéro du printemps 1998 de BMC, je crois légitime d'affirmer que mon objectif principal, en tant que présidente de l'ABSC/CHLA, sera d'agir comme fervente défenseuse des bibliothèques de la santé au Canada. Cela signifie être proactive dans la recherche d'occasions de promouvoir notre rôle, tout particulièrement par notre participation aux forums où l'avenir des renseignements en matière de soins de santé se décide.

#### Conseil d'administration

**NOM :** Davida Glazer  
**EMPLOI :** Coordonnatrice du centre de ressources Institute for Clinical Evaluative Studies (ICES)  
**ADRESSE POSTALE :** 2075, avenue Bayview  
North York ON M4N 3M5  
**TÉLÉPHONE :** (416) 480-4055, poste 3612

**TÉLÉCOPIEUR :** (416) 480-6821  
**COURRIEL :** glazer@ices.on.ca  
**EMPLOI ACTUEL :** Coordonnatrice du centre de ressources Institute for Clinical Evaluative Studies (ICES)  
**ÉDUCATION :** Baccalauréat ès arts spécialisé en sociologie, université McMaster, 1983;  
Maîtrise en bibliothéconomie et études de l'information, Université McGill, 1990

#### EXPÉRIENCE PROFESSIONNELLE :

Pendant cinq ans, elle a travaillé à la bibliothèque Macdonald du Sunnybrook Health Sciences Centre à titre de bibliothécaire de référence et de bibliothécaire analyste pour le personnel, les étudiants et la population. Elle a occupé les fonctions de secrétaire au sein du comité de direction de la THLA et a participé aux activités des groupes de travail de la THLA au sein des bibliothèques académiques en milieu hospitalier. Elle a également occupé les fonctions de coprésidente du Comité des exposants et des commanditaires lors du Congrès 1996 de l'ABSC/CHLA à Toronto. Elle a également occupé les fonctions de secrétaire et de présidente au sein de conseils paraprofessionnels.

Actuellement, elle est coordonnatrice au centre de ressources de l'Institute for Clinical Evaluative Sciences où l'accent est mis sur la recherche dans le domaine des services de santé. Parmi ses tâches en tant qu'unique bibliothécaire, on compte la localisation, le déchiffrement et la diffusion de renseignements aux chercheurs de même que la recherche de moyens efficaces pour distribuer ces renseignements aux professionnels et à l'ensemble de la population.

#### DÉCLARATION PERSONNELLE :

J'ai eu la possibilité de travailler avec des groupes d'intervenants et d'apprécier la vaste gamme de leurs besoins dans le secteur de la santé. Chacun de ces groupes a besoin de sources d'information appropriées mais différentes pour fonctionner et interagir au sein du réseau. La qualité et la quantité de ces sources posent un véritable défi en ce qui a trait aux compétences des bibliothécaires en sciences de la santé. Les bibliothèques constituent un élément essentiel dans la charpente du réseau de santé et devraient le rester, quoique de manière différente. Si les bibliothécaires désirent jouer un rôle important et efficace dans le domaine de l'information au sein d'un réseau national de santé, il est essentiel que l'ABSC/CHLA évolue avec un programme manifeste et reconnu.

**NOM :** Laurie Scott  
**EMPLOI :** Directrice générale  
Health Science Information Consortium of Toronto  
**ADRESSE POSTALE :** a/s Gerstein Science Information Centre  
Université de Toronto  
7, rue King's College  
Toronto ON M5S 1A5  
**TÉLÉPHONE :** (416) 978-6359  
**TÉLÉCOPIEUR :** (416) 971-2637  
**COURRIEL :** scott@library.utoronto.ca

EMPLOI ACTUEL : Directrice générale, Health Science Information Consortium of Toronto, 1997

ÉDUCATION : B.A., université McMaster, Maîtrise en bibliothéconomie, université Western Ontario

**EXPÉRIENCE PROFESSIONNELLE :**

Laurie Scott est directrice générale du Health Science Information Consortium of Toronto, qui est un regroupement des bibliothèques de l'université de Toronto, des hôpitaux d'enseignement affiliés à l'Université et de la région du Grand Toronto. Elle possède une maîtrise en bibliothéconomie de l'université Western Ontario et un baccalauréat de l'université McMaster. Avant de joindre les rangs du Consortium en 1997, elle a été bibliothécaire en chef du site du parc Sheridan (Mississauga) d'EACL - Énergie atomique du Canada Limitée, de 1990 à 1997. De 1987 à 1990, elle a été spécialiste de l'information au sein de l'Association pour la prévention des accidents industriels.

**ACTIVITÉS PROFESSIONNELLES :**

Active au sein de la SLA, elle a occupé la présidence du Comité de planification stratégique de la Division Science et Technologie

et a été représentante du chapitre de Toronto au sein du Comité consultatif des programmes de la bibliothèque du collège Sheridan et du programme de technicien en information. Elle est co-auteure du document *Information professionals : leading corporate information management strategy*, qui a été présenté au Congrès annuel de 1993 de la SLA et qui a fait l'objet d'une réimpression dans *Special librarianship as a career : an SLA Information Kit*. Entre 1990 et 1996, elle a oeuvré activement au sein du Comité des bibliothèques et des sciences informatiques de la Sheridan Park Association, occupant diverses fonctions dont celle de présidente.

**DÉCLARATION PERSONNELLE :**

En cette période de changements et d'incertitudes, les associations professionnelles deviennent plus importantes pour leurs membres, tout particulièrement en raison de leur capacité à promouvoir le réseautage, la collaboration et le mentorat. L'ABSC/CHLA occupe une position privilégiée pour veiller à ce que la communauté des bibliothèques des sciences de la santé continue de prospérer, même à l'aube de changements fondamentaux. En tant que membre du Conseil, j'espère avoir la possibilité d'aider l'ABSC/CHLA et ses membres à relever ces défis. ■

# The National Population Health Clearinghouse

## Background Information

The federal government is developing a Canadian health information system to facilitate improved access to health information. Health Canada is directing the federal contribution to this system, known as the Canadian Health Info-Structure. It is acting as a catalyst and coordinating a series of interrelated activities:

- creating an Advisory Council on the Canadian Health Info-Structure (in August 1997);
- planning and co-sponsoring the National Conference on Health Info-Structure (co-sponsored by Alberta and held in Edmonton in Feb. 1998);
- providing pilot project funding (\$10 million for assessing the availability and accessibility of health-related information);
- implementing three federal initiatives;
- electronic national health surveillance network;
- health information system tailored to the needs of First Nations;
- national population health clearinghouse.

While other aspects of Health Info-Structure focus on health record management and health care, the National Population Health Clearinghouse (NPHC) will provide both the general public and health intermediaries with a gateway to the most credible, timely and accessible health information existing in the public domain.

NPHC is currently in the developmental stages. After national consultations in the Fall of 1997 with consumers and health intermediaries across the country, Health Canada is moving towards the creation of a pilot system that will include World-Wide Web, call centre, fax and voice messaging components.

One of the goals of this project is to enhance the already existing network of health information providers, not duplicate existing services. The information contained within the framework of the NPHC will draw from federal, provincial and territorial governments, non-government organizations, universities, community-based and private sector organizations. Health Canada also wants to identify gaps in health information services and explore how this initiative can address those needs over the long term.

While Health Canada is taking a leadership role in establishing the NPHC initially, the ultimate goal is to have an integrated health information service, external to government, that is jointly managed and sustained by many partners.

The work of the Clearinghouse is guided by a Consultation Group (and its working groups) with representatives of health information providers from across Canada. It is equally influenced by broader consultations which have played a role in each developmental stage.

## Draft Mission, Vision and Values of the Clearinghouse

### Vision

Canadians apply knowledge to make healthier choices, respond to health conditions, develop healthy communities and healthy policies. Their knowledge is supported by a publicly funded, fully integrated network of groups and organizations which provide reliable and timely information and education.

### Mission

To enable Canadians to take action to improve their health and the health of their families and communities by developing knowledge and critical skills. We will do this by improving access to timely, relevant and credible information relating to health and well being.

### Values

- quality of content, service and system
- accessibility
- leveraging existing networks through partnerships
- participation/empowerment
- equity
- inclusivity
- focused on the determinants of health

## Achievements to Date

### Research and Development Phase (Sept.-Nov. 1997)

- examined the options, demand and cost-benefit for various levels of health information services;
- consulted with key stakeholders across Canada, especially those providing health information services to consumers and health intermediaries. A series of focus groups occurred coast-to-coast;
- gathered and analyzed studies of health information services;
- assessed the level and types of health information needs of both consumers and health intermediaries;
- developed options for technological support and infrastructure for the NPHC, including Internet service, call centre, and Interactive Voice Response (IVR);
- developed a governance model for this innovative partnership;
- elaborated an evaluation framework to provide formal and informal feedback on content, services, systems and partnerships.

### Development Phase (Dec. 1997-March 1998)

- developing a prototype Web-site which begins to capture the concept of the Clearinghouse (accessible at <http://199.71.69.18/prototype>)
- presenting the work to date at the National Conference on Health Info-Structure (Feb. 1998)



- consolidating the lessons learned in the Research and Development Phase into a technological infrastructure, setting the design guidelines for the system and acquiring the technological elements necessary to support Internet, call centre and Interactive Voice Response (IVR) fax-back services;
- mapping out the existing networks and providers of health information and services for the content areas identified in Phase I as well as for the various regions of the country;
- developing criteria for the evaluation of health information - both as an assessment tool for the NPHC and for the use of consumers and health intermediaries;
- enlisting the support and participation of a wide selection of organizations as sub-contractors and key informants.

After this Development Phase, it is expected that the pre-Pilot Phase will begin to integrate all learnings and consolidate the information for a June 1998 pilot launch.

In order to carry out this work, Health Canada has contracted Innovaction to provide Secretariat services for the first two phases of the project. The Secretariat provides administrative support to the activities associated with the NPHC, supports the Consultation and Working groups in all aspects of their work and coordinates the overall efforts on behalf of the NPHC.

### Mapping the Networks

A number of contractors across Canada are currently (in Feb.-March 1998) drawing an initial map of the network of providers of health information. They are also assessing the types of information available and the means by which consumers and health

intermediaries can access this information. It is hoped that these networks will form the backbone of the NPHC.

Based on the results of the Research Phase, 7 age/life stages, 5 regions and 12 specific content areas are being explored. The following are the preliminary categories, with further expansions expected as the project develops:

Life Stage/Population:	Child, Youth, Adult, Women, Seniors, Disabilities, First Nations/Aboriginal and Minorities/Multicultural
Regions:	Atlantic, Quebec, Ontario, Manitoba/Saskatchewan, Alberta/BC/Territories
Specific Content Areas:	HIV/AIDS, Violence, Cancer, Alternative Health, Mental Health, Active Living/Nutrition, Injury Prevention, Substance Abuse/Tobacco, Relationships, Workplace/Environmental, Sexuality/STDs and Fertility

For more information contact:

Susan Ewing  
Innovaction  
415 Yonge Street  
Toronto, Ontario M5B 2E7  
Tel: (888) 466-6822 ext 227  
Fax: (416) 408-2122  
E-mail: [susane@innovaction.com](mailto:susane@innovaction.com)

## CHLA/ABSC MEMBER APPOINTED TO LIBRARY ASSOCIATION FELLOWSHIP

The Library Association is very pleased to announce that **David S. Crawford** has been elected to a Fellowship of the Library Association in recognition of his contributions to librarianship in Canada, the United Kingdom and China. Mr. Crawford received a four-year honours degree in psychology from the Queen's University of Belfast in 1966 and is currently Health Sciences Librarian at McGill University in Montreal. He has been a member of the Library Association since 1967 and a Chartered Member and Associate of the Association since 1971. Upon nomination, David prepared a submission about his accomplishments; this was voted on

by a committee and approved by the Board. The honour bestows upon David the designation of F.L.A.

The Library Association, which was established in 1877 and was incorporated by Royal Charter in 1898, has over 26,000 members in over 100 countries and is committed to enabling its members to achieve and maintain the highest professional standards, and encouraging and supporting them in the delivery and promotion of high quality library and information services responsive to the needs of users.

## CALL FOR PAPERS

CHLA/ABSC 23rd Annual Conference  
May 24-29, 1999  
Halifax, Nova Scotia

### "Bridge to the New Millennium"

The Programme Committee invites submissions for contributed papers. Papers which relate to the overall theme of the conference, *Bridge to the New Millennium* are welcomed. Suggested topics include:

- Trends / Issues in Library Automation and Informatics
- Digital Collections
- Partnerships
- Evidence-Based Health care
- Telemedicine / Distance Education
- Consumer Health
- Research in Health Librarianship
- As well as any other topics which may relate to the Conference theme.

To be considered, please submit an abstract of approximately 250 words and include the author's name, address and business phone number.

#### Adresse enquiries to:

Anne Kilfoil  
Chair  
1999 CHLA/ABSC Conference Program Committee  
Library Services, Atlantic Health Sciences Corporation  
P.O. Box 2100  
Saint John, NB E2L 4L2  
Tel: (506) 648-6763  
Fax: (506) 648-6764  
E-mail: kilan@reg2.health.nb.ca

#### Deadline for submissions:

September 15, 1998

The decision to accept a paper will be made by the members of the Program Committee

## DEMANDE DE COMMUNICATIONS

23ième Congrès annuel de ABSC/CHLA  
24 - 29 mai 1999  
Halifax, Nouvelle-Écosse

### "Un pont vers l'an 2000"

Le comité de programme vous invite à soumettre vos présentations de communications. Des articles traitant du thème du Congrès, *Un pont vers l'an 2000* sont les bienvenus. Voici quelques suggestions:

- Tendances et discussions sur la place de l'informatique dans les bibliothèques des sciences de la santé et de l'automatisation de celles-ci
- Information numérisée
- Partenariats
- Soins de santé basés sur l'évidence
- Télémédecine/éducation à distance
- Santé des consommateurs
- Recherche en bibliothéconomie de la santé
- De même que tout autre sujet relié au thème du congrès.

Pour que votre présentation soit prise en considération, vous devez en soumettre un résumé d'environ 250 mots. Indiquez votre nom, adresse et numéro de téléphone au travail.

#### Faire parvenir à :

Anne Kilfoil  
Présidente, Comité de programme, ABSC/CHLA 1999  
Library services, Atlantic Health Sciences Corporation  
C.P. 2100  
Saint John, NB E2L 4L2  
Tél : (506) 648-6763  
Télécopieur : (506) 648-6764  
Adresse électronique : kilan@reg2.health.nb.ca

#### Date limite :

le 15 septembre 1998

La décision d'accepter ou non une communication sera prise par les membres du comité de programme.

## CALL FOR POSTERS

**CHLA/ABSC 23rd Annual Conference**  
**May 24-29, 1999**  
**Halifax, Nova Scotia**

### "Bridge to the New Millennium"

The Poster Committee invites submissions for posters and web-based electronic demonstrations. Sessions relating to the conference theme, *Bridge to the New Millennium* are welcomed. These sessions provide an ideal opportunity for informal presentations showing how innovations were introduced, or outlining recently initiated programs. As the term 'poster' suggests, materials (text and/or graphics) are displayed on poster boards or on computer terminals. Related handouts to accompany poster sessions or web-based demonstrations are encouraged. Possible topics are:

- Trends/Issues in Library Automation and Informatics
- Digital Collections
- Partnerships
- Evidence-Based Health Care
- Telemedicine / Distance Education
- Consumer Health
- Research in Health Librarianship
- As well as any other topics which may relate to the Conference theme.

To submit a proposal, please send an abstract of approximately 250 words which briefly describes the topic of the session.

#### Address enquiries to:

Nancy McAllister  
Chair, Poster Sessions  
1999 CHLA/ABSC Programme Committee  
Region 7 Hospital Corporation, Health Sciences Library  
500 Water Street  
Miramichi, NB E1V 3G5  
Tel: (506) 623-3216  
Fax: (506) 623-3465  
E-mail: [mirhslib@nbnet.nb.ca](mailto:mirhslib@nbnet.nb.ca)

#### Deadline for Poster submissions

September 15, 1998

The decision to accept a proposal will be made by the members of the Programme Committee.

## DEMAND D'AFFICHES

**23ième Congrès annuel de ABSC/CHLA**  
**24 - 29 mai 1999**  
**Halifax, Nouvelle-Écosse**

### "Un pont vers l'an 2000"

Le comité d'affiches vous invite à soumettre vos affiches et démonstrations électroniques sur le Web. Des séances d'affiches traitant du thème du Congrès, *Un pont vers l'an 2000* sont les bienvenues. Si vous avez introduit un nouveau programme ou vous avez apporté des changements dans votre bibliothèque, voici l'occasion idéale de partager avec vos collègues. Comme le terme 'affiche' le suggère, le matériel (texte et/ou graphiques) est exposé sur un tableau d'affichage ou sur un ordinateur. Vous êtes encouragés à distribuer de la documentation expliquant vos affiches. Voici quelques suggestions:

- Tendances et discussions sur la place de l'informatique dans les bibliothèques des
- sciences de la santé et de l'automatisation de celles-ci
- Information numérisée
- Partenariats
- Soins de santé basés sur l'évidence
- Télémédecine/éducation à distance
- Santé des consommateurs
- Recherche en bibliothéconomie de la santé
- De même que tout autre sujet relié au thème du congrès.

Pour que votre présentation soit prise en considération, vous devez en soumettre un résumé d'environ 250 mots. Indiquez votre nom, adresse et numéro de téléphone au travail.

#### Faire parvenir à

Nancy McAllister  
Présidente  
Séances par affiches, ABSC/CHLA 1999  
Region 7 Hospital Corporation, Health Sciences Library  
500 Water Street  
Miramichi, NB E1V 3G5  
Tél : (506) 623-3216  
Télécopieur : (506) 623-3465  
Adresse électronique : [mirhslib@nbnet.nb.ca](mailto:mirhslib@nbnet.nb.ca)

#### Date limite :

le 15 septembre 1998

La décision d'accepter ou non une affiche sera prise par les membres du comité du programme.

## VISIT THE NEW CHLA/ABSC WEBSITE !

### Featuring information on:

*Chapters  
Membership  
Association Publications & Documents  
Conferences  
Links to related Associations  
Awards and Honours*

URL: <http://www.ibd.nrc.ca/~cisti/chla-absc-web/english/chla.htm>

### Library and Information Services in the National Health Service (NHS) in England : Health Service Guideline [HSG (97) 47]

The first guidance on library services since 1970 has recently been issued by the NHS in England. The guidance points out that libraries are a key resource for clinical effectiveness, for research, and for education and training for all healthcare staff but that effective service development has been hampered by the absence of a national strategy for library and information services and by the complex funding arrangements which encouraged the development of libraries for separate professional groups.

The new policy emphasises the need for libraries to be multi-disciplinary and for Region wide co-ordination and service planning. The skills of professional librarians are highlighted rather than a buildings-based service.

The new administration has now set forth its plans for modernising and improving the NHS and the health of the nation as a whole and the future direction of library services will be in part determined by these wider arrangements.

More information can be found at: <http://www.open.gov.uk/doh/dhhome.htm>

Veronica Fraser  
NHS Library Adviser

### CBS Television's Chicago Hope Features MEDLINE Database, World's Largest Source of Published Medical Information

The following information is quoted from a National Library of Medicine Press Release:

On CBS Television's hit medical drama Chicago Hope, a lead character finds research on her own suspected breast cancer using a MEDLINE Internet search, a database just recently made available to physicians and the public at no charge by the National Library of Medicine (NLM), a part of the National Institutes of Health. NLM cooperated with producers of Chicago Hope to include MEDLINE in the episode in which pregnant physician Dianne Grad (Jayne Brook) discovers a lump in her breast. Before she consults her doctor, Grad performs a MEDLINE search on the Internet to gather articles on breast cancer and pregnancy.

NLM Director, Donald A.B. Lindberg, M.D., states that the National Library of Medicine's debut of free Web-based searching could not be more timely. The health care delivery landscape is changing. Citizens are increasingly turning to the Web as a source of information to improve their daily lives, including their health. It is vital that they, and the health professionals who serve them, have access to the most current and credible medical information.

The episode aired on Wednesday, February 4, 1998 at 10 p.m. ET.

## CHLA/ABSC Code of Ethics

Order Your Copy Now !

English or French

Ready to frame - 11" x 14"

\$15.00 (tax included)

### Order from:

CHLA/ABSC Secretariat  
P.O. Box 94038  
3332 Yonge Street  
Toronto, ON M4N 3R1

E-mail: [chla@inforamp.net](mailto:chla@inforamp.net)  
[absc@inforamp.net](mailto:absc@inforamp.net)

*All orders must be prepaid*

MasterCard and Visa accepted



# WHEN EVERY PIECE OF INFORMATION IS ESSENTIAL

## EMBASE & EMBASE ALERT

**DRUGS, PHARMACY  
& TOXICOLOGY**

**CLINICAL MEDICINE**

**BASIC BIOLOGICAL SCIENCES**

**BIOTECHNOLOGY,  
BIOENGINEERING  
& BIOPHYSICS**

**HEALTH AFFAIRS &  
PHARMACOECONOMICS**

**PSYCHIATRY**

**ENVIRONMENT & POLLUTION**

**FORENSIC MEDICINE**

You can rely on EMBASE and its current awareness companion file, EMBASE Alert. These bibliographic databases deliver unique, highly relevant records that are simply not found in other comparable databases. Renowned for its comprehensive international coverage, EMBASE now contains close to 7 million records from 1974 to the present from more than 3,800 journals. Over 80% of recent records contain full author abstracts.

Locate the information you need with pinpoint accuracy because underlying the power of EMBASE is the hierarchically-structured Emtree authority file, with a controlled vocabulary of more than 40,000 drug and medical terms and 170,000 synonyms.

Available on CD-ROM, online, in print and via Emscopes customised services. Full text documents available via the Emdocs Document Delivery Service.

**ELSEVIER SCIENCE**  
Secondary Publishing Division

*Ask about our free  
training seminars.*

655 Avenue of the Americas  
New York, NY 10011  
USA

TEL: 1-800-457-3633  
+1 212-633-3980  
FAX: +1 212-633-3975  
E-MAIL: [usembase-4@elsevier.com](mailto:usembase-4@elsevier.com)

Molenwerf 1  
1014 AG Amsterdam  
The Netherlands  
TEL: +31-20-4853507  
FAX: +31-20-4853222  
E-MAIL: [embase-europe@elsevier.nl](mailto:embase-europe@elsevier.nl)



## CHLA/ABSC Board of Directors

### **Lois Wyndham**

*CHLA/ABSC President*  
Chedoke Library, Southam-B  
Hamilton Health Sciences Corporation  
1200 Main Street West  
HAMILTON, ON L8S 4J9  
Tel: (905) 521-2100 Ext. 7741  
Fax: (905) 574-5402  
E-mail: wyndham@fhs.csu.mcmaster.ca

### **Marthe Brideau**

*CHLA/ABSC Vice-President/President Elect*  
Bibliothèque des sciences de la santé  
Corporation hospitalière Beauséjour  
330, rue Archibald  
MONCTON, NB E1C 2Z3  
Tel: (506) 862-4247  
Fax: (506) 862-4246  
Envoy: ILL.NBMHD  
E-mail: martheb@health.nb.ca

### **Susan Murray**

*CHLA/ABSC Past President*  
Consumer Health Information Service  
Metro Toronto Reference Library  
789 Yonge Street  
TORONTO, ON M4W 2G8  
Tel: (416) 393-7168  
Fax: (416) 393-7181  
E-mail: smurray@mtrl.toronto.on.ca

### **Cliff Cornish**

*CHLA/ABSC Treasurer*  
Library Services  
Capital Health Region  
1900 Fort Street  
VICTORIA, BC V8R 1J8  
Tel: (250) 370-8612  
Fax: (250) 370-8274  
E-mail: ccomish@gvhs.gov.bc.ca

### **Janet Joyce**

*CHLA/ABSC Secretary*  
Library Services  
Caritas Health Group  
1100 Youville Drive West  
EDMONTON, AB T6L 5X8  
Tel: (403) 450-7251  
Fax: (403) 450-7202  
E-mail: jjoyce@caritas.ab.ca

### **Shelagh Wotherspoon**

*CHLA/ABSC Director, CE Co-ordinator*  
Health Sciences Library  
Memorial University of Newfoundland  
Health Sciences Centre  
ST. JOHN'S, NF A1B 3V6  
Tel: (709) 737-6228  
Fax: (709) 737-6866  
ENVOY: NFSMM.ILL  
E-mail: swothers@morgan.ucs.mun.ca

### **Dianne Pammett**

*CHLA/ABSC Director, Public Relations*  
National Research Council Information Centre  
C.I.S.T.I. - Plant Biotechnology Institute  
110 Gymnasium Place  
SASKATOON, SK S7N 0W9  
Tel: (306) 975-5256  
Fax: (306) 975-6144  
E-mail: dpammett@pbi.nrc.ca

## BMC Editorial Staff

### **Laurie Blanchard**

*Editor*  
J.W. Crane Memorial Library  
Deer Lodge Centre  
2109 Portage Avenue  
WINNIPEG, MB R3J 0L3  
Tel: (204) 831-2152  
Fax: (204) 888-1805  
E-mail: lblanchd@pangea.ca

### **Anna Gagliardi**

*Assistant Editor*  
Health Information Research Unit  
MUMC 2D1, Health Sciences Centre  
McMaster University  
1200 Main Street West  
HAMILTON, ON L8N 3Z5  
Tel: (905) 925-5125 Ext. 22594  
Fax: (905) 577-0017  
E-mail: gagliard@fhs.mcmaster.ca



A "must read"  
book for hospitals

**DYNAMIC NEW BOOK AN ESSENTIAL  
ADDITION TO YOUR LIBRARY**

# REINVENTING HOSPITALS: On the for the 21st Century

**Nancy Cybulski, Jo-anne Marr,  
Isabel Milton, and Dalton Truthwaite**

**REINVENTING HOSPITALS** shows how applying radical concepts of reengineering to the hospital environment, leads to transformed roles in hospitals and a better, more cost effective overall health care system.

The authors describe in complete detail what reengineering is, how to get started, who has to be involved, the benefits and pitfalls, what worked and what did not.

Well written with practical examples from the experience of one hospital which comprehensively reengineered the whole organization. This book moves beyond theory to the real world of implementation.

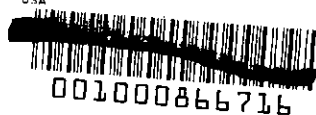
## **TO ORDER PLEASE CONTACT:**

Administration Reception  
The Mississauga • Queensway Hospital  
Mississauga Site  
100 Queensway West  
Mississauga, Ontario  
L5B 1B8

Tel: 905-848-7564

Cost: \$28.<sup>50</sup>  
(includes GST, shipping & handling)

USA



**Editorial Address/Rédaction:**

Laurie Blanchard, Editor  
J.W. Crane Library  
Deer Lodge Centre  
2109 Portage Avenue  
Winnipeg, Manitoba  
R3J 0L3

TEL: (204) 831-2152  
FAX: 204-888-1805  
E-MAIL: lblanchd@pangea.ca

**Subscription Address/Abonnement:**

Canadian Health Libraries Association /  
Association des bibliothèques de la santé du Canada  
P.O. Box / C.P. 94038  
3332 Yonge Street  
Toronto, Ontario M4N 3R1

TEL: (416) 485-0377  
FAX: 416-485-6877  
E-MAIL: chla@inforamp.net  
absc@inforamp.net